

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010418

FILED
Jan 21, 2009
Secretary of State

Entity Name: JACOBUS FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1177 GEO BUSH BLVD
#307
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1177 GEO BUSH BLVD
#307
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-1843239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATT, DAVID ESQ.
2255 GLADES ROAD
SUITE 340 WEST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: JACOBUS, GEORGE H
Address: 1177 GEO BUSH BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: D/V/P () Delete
Name: JACOBUS, CATHERINE H
Address: 1177 GEO BUSH BLVD
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: PRATT, DAVID ESQ.
Address: 2255 GLADES ROAD #340 WEST
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: COOK, ALEXANDRA B
Address: 8 WHITTIER PLACE #16K
City-St-Zip: BOSTON, MA 02115

Title: D () Delete
Name: JACOBUS, CHRISTIAN H
Address: 3656 HERSCHEL AVENUE
City-St-Zip: CINCINNATI, OH 45208

Title: T () Delete
Name: TESKE, LEON E
Address: 1177 GEO BUSH BLVD
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COOK, ALEXANDRA B
Address: 26 MONUMENT SQUARE
City-St-Zip: CHARLESTOWN, MA 02129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON E. TESKE

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date