

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002351

FILED
Apr 11, 2012
Secretary of State

Entity Name: JACOB CASEY FOUNDATION, INC.

Current Principal Place of Business:

5425 NE 1ST LANE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

5425 NE 1ST LANE
OCALA, FL 34470

New Mailing Address:

PO BOX 415
MCINTOSH, FL 32664

FEI Number: 26-2158422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASEY, BRIAN J
4245 SW 20TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

CASEY, BRIAN J
28060 DOVEWOOD CT.
APT #3-207
BONITA SPRINGS, FL 34135 US

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:

04/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: CASEY, BRIAN J
Address: 28060 DOVEWOOD CT., APT 3-207
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD
Name: ANDERSON, TAMMY L
Address: 5425 NE 1ST LANE
City-St-Zip: OCALA, FL 34470

Title: D
Name: CASEY, PATRICIA A
Address: PO BOX 415
City-St-Zip: MCINTOSH, FL 32664

Title: D
Name: ANDERSON, LEE
Address: 5425 NE 1ST LANE
City-St-Zip: OCALA, FL 34470

Title: D
Name: CASEY, CHAD
Address: 2105 SE 32ND ST
City-St-Zip: OCALA, FL 34471

Title: D
Name: HOPKINS, MICHAEL
Address: 1714 SW 27TH ST.
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. CASEY

D

04/11/2012

Electronic Signature of Signing Officer or Director

Date