

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004238

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** JAM GIVES HOPE, INC.

**Current Principal Place of Business:**

812 ISLAND WAY  
CLEARWATER, FL 33767

**New Principal Place of Business:**

822 MILWAUKEE AVE  
DUNEDIN, FL 34698

**Current Mailing Address:**

812 ISLAND WAY  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:** 27-2503946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALISKY, JAN G ESQ.  
507 SOUTH PROSPECT AVENUE  
CLEARWATER, FL 33756 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: ST  
Name: BORST, MITCHELL  
Address: 812 ISLAND WAY  
City-St-Zip: CLEARWATER, FL 33767

Title: DP  
Name: BORST, TINA  
Address: 812 ISLAND WAY  
City-St-Zip: CLEARWATER, FL 33767

Title: D  
Name: TYPROWICZ, THOMAS  
Address: 802 OSCEOLA ROAD  
City-St-Zip: BELLEAIR, FL 33756

Title: D  
Name: SMYZER, ROGER  
Address: 250 SIESTA LANE  
City-St-Zip: LARGO, FL 33770

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: TINA BORST

DP

01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date