

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010730

FILED  
Jan 20, 2012  
Secretary of State

**Entity Name:** JACOBS ACADEMY, CORP.

**Current Principal Place of Business:**

403 NW 68TH AVENUE  
SUITE 511  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

403 NW 68TH AVENUE  
SUITE 511  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

JACOBS, JUDE E  
403 NW 68TH AVENUE  
SUITE 511  
PLANTATION, FL 33317 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: EXD  
Name: JACOBS, JUDE E MS.  
Address: 403 NW 68TH AVENUE #511  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: SCOLNICK, BRAM MR.  
Address: 403 NW 68TH AVENUE #511  
City-St-Zip: PLANTATION, FL 33317

Title: STD  
Name: SMART, LYNN MS.  
Address: 403 NW 68TH AVENUE #511  
City-St-Zip: PLANTATION, FL 33317

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: JUDE JACOBS

ED

01/20/2012

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

\_\_\_\_\_  
Date