

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23019

(5)

1. Corporation Name

JACARLENE FOUNDATION, INC.



Principal Place of Business

C/O JOHN J. HOWLEY  
P. O. BOX 1498  
TAMPA FL 33601

Mailing Address

C/O JOHN J. HOWLEY  
P. O. BOX 1498  
TAMPA FL 33601

3. Date Incorporated or Qualified  
10/14/1987

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
58-1762618

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWLEY, JOHN J  
SUN BANK TRUST DEPT  
315 E MADISON-9TH FL  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

SunTrust Bank, Tampa Bay/Trust Dept.

83 401 E. Jackson Street

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME PREIS, JACQUELINE  
STREET ADDRESS 315 E. MADISON/9TH FL.  
CITY-ST-ZIP TAMPA FL

11 TITLE ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 401 E. Jackson Street/19th Floor  
14 CITY-ST-ZIP Tampa FL 33602

TITLE STD ☐ DELETE  
NAME HOWLEY, JOHN J  
STREET ADDRESS 315 E. MADISON /9TH FL.  
CITY-ST-ZIP TAMPA FL

21 TITLE ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS 401 E. Jackson Street/19th Floor  
24 CITY-ST-ZIP Tampa FL 33602

TITLE VD ☐ DELETE  
NAME STEINBERG, ALEEN  
STREET ADDRESS 315 E. MADISON/9TH FL.  
CITY-ST-ZIP TAMPA FL

31 TITLE ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 401 E. Jackson Street/19th Floor  
34 CITY-ST-ZIP Tampa FL 33602

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(John J. Howley)

2/13/96

(813) 224-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)