

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90118 043 ****61.25

DOCUMENT # N37934

1. Entity Name
**HANS AND CAY JACOBSEN CHARITABLE FOUNDATION,
INC.**



Principal Place of Business

**C/O WALTER S. MCLIN, III
1000 WEST MAIN ST.
LEESBURG, FL 34748**

Mailing Address

**C/O WALTER S. MCLIN, III
1000 WEST MAIN ST.
LEESBURG, FL 34748**

50054708



06302005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3010451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCLIN, WALTER S., III
1000 WEST MAIN ST.
LEESBURG, FL 34748**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCLIN, WALTER S., III
1000 WEST MAIN ST.
LEESBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROOKS, W. T
206 NORTH 3RD STREET
LEESBURG, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BORCHECK, TERESA W
900 NORTH 14TH STREET
LEESBURG, FL 34748**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #