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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38320

1. Corporation Name

THE JIMMY FOUNDATION, INC.

Principal Place of Business

4814 GRAPEVINE WAY
DAVIE FL 33331
US

Mailing Address

4814 GRAPEVINE WAY
DAVIE FL 33331
US



2. Principal Place of Business

21 20221 NW 5 Street

2a. Mailing Address

26 20221 NW 5 Street

Suite, Apt. #, etc.

22 Pembroke Pines, FL

Suite, Apt. #, etc.

27 Pembroke Pines, FL

City & State

23 33029 U.S.A.

City & State

28 33029 USA

Zip

Country

24

25

Zip

Country

29

30

3. Date Incorporated or Qualified

05/24/1990

4. FEI Number

65-0207002

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

9. Name and Address of Current Registered Agent

HOTCHKISS, MARYANN
4814 GRAPEVINE WAY
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name

Maryann Hotchkiss

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

20221 NW 5th Street

83

84 City

Pembroke Pines, FL

85 Zip Code

33029

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

Maryann Hotchkiss

MARYANN HOTCHKISS

1/25/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOTCHKISS, MARYANN C.

STREET ADDRESS 4814 GRAPEVINE WAY

CITY-ST-ZIP DAVIE FL

TITLE VD ☐ DELETE

NAME HOTCHKISS, JAMES (SR.)

STREET ADDRESS 7025 GARVIN CT.

CITY-ST-ZIP COLORADO SPGS. CO

TITLE SD ☐ DELETE

NAME HOTCHKISS, JIM

STREET ADDRESS 4814 GRAPEVINE WAY

CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Maryann Hotchkiss SIGNATURE REQUIRED MARYANN HOTCHKISS 1-25-99 (954) 432-0206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)