

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

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000004770

1. Entity Name
**DALE GARDNER JACOBS CHARITABLE FOUNDATION,
INC.**



Principal Place of Business
**4915 SOUTHFORK DR.
LAKELAND, FL 33813**

Mailing Address
**PO BOX 2537
LAKELAND, FL 33806-2537**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3209519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBS, DALE G
4915 SOUTHFORK DR.
LAKELAND, FL 33813**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000285506
03/16/05-80060-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, DALE G
STREET ADDRESS	4915 SOUTHFORK DR
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	D
NAME	JACOBS, KIMBERLY
STREET ADDRESS	4915 SOUTHFORK DR.
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	D
NAME	BULL, WILLIAM
STREET ADDRESS	3454 AIRFIELD DR. WEST, STE 2
CITY - ST - ZIP	LAKELAND, FL 33811
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)(f), 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 #

3/9/05

863-648-1877