

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90107 031 ****61.25

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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**

40056644



DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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 Balene Jacobs
STREET ADDRESS	3464 AIRFIELD DR. WEST, STE 2 4915 South Fork Dr.
CITY-ST-ZIP	LAKELAND, FL 33811 Lakeland, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/19/06

Date

863-648-1877

Daytime Phone #