

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004770

FILED
Feb 13, 2009
Secretary of State

Entity Name: DALE GARDNER JACOBS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

4915 SOUTHFORK DR.
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 2537
LAKELAND, FL 338062537

New Mailing Address:

FEI Number: 59-3209519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, DALE G
Address: 4915 SOUTHFORK DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: JACOBS, KIMBERLY
Address: 4915 SOUTHFORK DR.
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: JACOBS, DALENE
Address: 4915 S FORK DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE G JACOBS

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date