


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90062 009 \*\*\*\*61.25


<b>DOCUMENT # N94000004805</b>	
1. Entity Name <b>THE JELKS FAMILY FOUNDATION, INC.</b>	

Principal Place of Business <b>239 EAST FOURTH STREET PANAMA CITY FL 32401-3158</b>	Mailing Address <b>239 EAST FOURTH STREET PANAMA CITY FL 32401-3158</b>
--	--

2. Principal Place of Business <b>516 McKenzie Avenue</b>	3. Mailing Address <b>516 McKenzie Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Panama City, FL</b>	City & State <b>Panama City, Florida</b>
Zip <b>32401</b>	Country <b>USA</b>

**70010006**



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-3270436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>JELKS, ALLEN N JR 3908 WEST 27TH STREET PANAMA CITY FL 32405</b>
--

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JELKS, MARY L 1930 CLEMATIS ST. SARASOTA FL 34239-3813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JELKS, ALLEN N SR 1930 CLEMATIS ST. SARASOTA FL 34239-3813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KING, HELEN J 1800 PLACIDA ROAD ENGLEWOOD FL 34223</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JELKS, ALLEN N JR 239 EAST FOURTH ST. PANAMA CITY FL 32401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JELKS, HOWARD L 430 S.W. 27TH ST. GAINESVILLE FL 32607</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD LEZCANO, ALICE J 1124 PEARSON RD MILTON FL 32583</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(see Attachment)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD King, Helen J 1800 Placida Road Englewood, FL 34223</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Jelks, Allen N. Jr. 516 McKenzie Avenue Panama City, FL 32401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jelks, Howard L. 430 SW 27th Street Gainesville, FL 32607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lezcano, Alice J. 1124 Pearson Rd. Milton, FL 32583</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

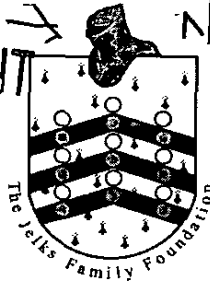
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:** Allen N Jelks, Jr. Treasurer 2/1/05 850-784-0809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Allen N. Jelks, Sr. MD  
Mary L. Jelks, MD  
Helen Jelks King, OD  
Christopher B. King, OD  
Benjamin A. King

ATTACHMENT



N194000004805

40013892

Allen N. Jelks, Jr.  
Deborah S. Jelks  
Howard L. Jelks  
Lisa G. Jelks  
Alice Jelks Lezcano  
Edgar A. Lezcano

**The Jelks Family Foundation, Inc.**

~~239 East Fourth Street~~ 516 McKenzie Ave.  
Panama City, Florida 32401

ADDITIONAL OFFICERS AND DIRECTORS

D/P  
King, Christopher B.  
1800 Placida Road  
Englewood, FL 34223

D/S  
Jelks, Lisa G.  
430 SW 27<sup>th</sup> Street  
Gainesville, FL 32607

D  
Jelks, Deborah S.  
516 McKenzie Avenue  
Panama City, FL 32401

D  
Lezcano, Edgar A.  
1124 Pearson Road  
Milton, FL 32583

D  
King, Benjamin A.  
1800 Placida Road  
Englewood, FL 34223

D  
King, Bryan C.  
1800 Placida Road  
Englewood, FL 34223

Allen N. Jelks, Jr., Treasurer

2/1/05

850-784-0804