FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500001254 (0)
1. Corporation Name

FOUNDATION FOR JACOBSON RESONANCE, INC.

Principal Place of Business Mailing Address 17829 PINENCEDLE TERRACE 17829 PINENCEDLE TERRACE						W.L					
	ON FL 33487	17829 PINENEEDLE TER BOCA RATON FL 33487	17829 PINENEEDLE TERRACE BOCA RATON FL 33487								
							3. Date Incorporated or Qualified 03/15/1995	3a. Date	of Last	: Report	
2. Principal	Place of Business		2a. Mailing Address			4. FEI Number 65 - 0566 141			Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional Required		
City & Sta	ate		City & State			Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be		
Zip	Country 25		Zip Country 29 30			8. This corporation has liability for in		under s	ed to Fees . 199.032,		
9. Name and Address of Current						Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	<u> </u>	THE STATE OF THE S	ogistored Agent	81	I Na	me	TO. Name and Address of New Hi	gistered Aç	ent		
GROSS	SMAN, HARVEY		L								
17829 PINENEEDLE TERRACE				82	Sti	reet Addres	s (P.O. Box Number is Not Acceptable	9)			
BOCA RATON FL 33487				83	3						
				84	Cit				Ar 7.	- Onda	
	······			-		•		- I-I		p Code	
 Pursuant or regist 	t to the provisions of S ered agent, or both, in	ections 617.0502 and the State of Florida.	d 617.1508, Florida Statute Such change was authorize	s, the above-	name	d corporation's board	on submits this statement for the purp of directors. I hereby accept the appo	ose of chang	ging its r	egistered office	
familiar v	with and accept the of	oligations of, Section	617.0503, Florida Statutes.	2	oo au	الرين المريد	D.		gistered	agent, I am	
SIGNATURE	Signature, typed or printer	on the proposition of agent, and the	umm UN	wide	201		PARVEY CROSSMA	1 4	123	796	
12.	Signisture, typed or printer	OFFICERS AND DI		E: Registered Age	nt signa	ture required wi	hen reinstaling ADDITIONS/CHANGES TO OFFICE	DATE	IDE OTO	NO IN 10	
TITLE	D PARSHA		DELETE	1.1 TITLE		10	ADDITIONS/DIANGES TO GET		Change	Addition	
NAME	GROSSMAN, H		Basin	1.2 NAME		100	נמן זמניוטובים	L	Unango		
STREET ADDRESS	47000 00000			1.3 STREET	T ADDRI	:55		aca	47	THO	
CITY-ST-ZIP	BOCA RATON I	FL 33487		1.4 CITY - S				• • • •		1	
TITLE	D. Sizerero		DELETE	2.1 TITLE	<u> </u>	500	ortagn(D)		Change	Addition	
NAME	GROSSMAN, R			2.2 NAME			May from the			, ,	
STREET ADDRESS	_ :			2.3 STREET	I ADDRE	:SS		Q_{ℓ}	dd	title	
CITY-ST-ZIP	BOCA RATON F			2 4 CHY-	\$1- <i>21</i> P					-	
TITLE	D TREASON		DELETE	3.1 TITLE		TA	ASUNIA (D) D		Change	Addition	
NAME	HUNDREDMARK			3.2 NAME		Hun	Idredmark, PAUL	. CM	ew a	(ddruss	
STREET ADDRESS				3.3 STREET	ADDRE	SS 549	5 NE 25 AV #301	07240	, y	Add	
CITY-ST-ZIP	BOCA RATON F	-L 3348/	Decrete	3.4 C/TY-5	ST-ZIP	FORT	t LAUNCEARLE FLA.	13308	-7	ITLE	
TITLE NAME			DELETE	4.1 TITLE			,		Change	☐ Addition	
STREET ADDRESS				4. 2 NAME							
CITY-ST-ZIP				4.3 STREET		SS					
TITLE	 		DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIP				Name -	Fill beaution	
NAME			Lajottere	5.2 NAME					Change	Addition	
STREET ADDRESS				5.3 STREET	ADDRE	ce					
CITY-ST-ZIP	•			5.4 CITY-S		33					
TITLE			DELETE	6.1 TITLE				П	Change	Addition	
NAME				6.2 NAME		1					
STREE1 ADDRESS				6.3 STREET	ADDRE:	ss					
CITY-ST-ZIP				64 CITY-S	T-ZIP						
oath: that	t Lam an officer or dire	ated on this annual rep ctor of the cornoration		al report is tru empowered t			ne exemption stated in Section 119.07 and that my signature shall have the se port as required by Chapter 617, Flori				

SIGNATURE / Jasen Jussemen CAUSI deat HARVEY CROSSMAN 4/25/16 407-997-883