## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001254

FILED Sep 03, 2008 Secretary of State

Entity Nar	ne: FOUNDATION FOR JACOBSON RESC	NANCE, INC.	·	
Current Pi	rincipal Place of Business:	New Principal Pla	ace of Business:	
	BELFORT CIRCLE 5, FL 33321 US			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
	BELFORT CIRCLE F, FL 33321 US			
FEI Number: In accordance	65-0566141 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable() t receive the prior notice.	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
9884 SO. E TAMARAC	AN, HARVEY BELFORT CIRCLE IF, FL 33321 US	urpose of shanning its regist	ared affice or registered agent or both	
in the State	named entity submits this statement for the peof Florida.	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete GROSSMAN, HARVEY 9884 SO. BELFORT CIRCLE TAMARAC, FL 33321 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete GROSSMAN, ROSALYN 9884 SO. BELFORT CIRCLE TAMARAC, FL 33321 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete HUNDREDMARK, PAUL 5495 NE 25 AVE #301	Title: Name: Address:	() Change () Addition	

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: HARVEY GROSSMAN PD 09/03/2008