


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # N95000004567 1. Entity Name JAEGER FAMILY FOUNDATION, INC.	
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Principal Place of Business 2441 PALMETTO CIRCLE SOUTH DAYTONA, FL 32119	Mailing Address 2441 PALMETTO CIRCLE SOUTH DAYTONA, FL 32119
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3337130	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAEGER, JOSEPH P 2441 PALMETTO CIRCLE SOUTH DAYTONA, FL 32119
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when restate.)	DATE _____
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Filing Fee is \$81.25 ✓ Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000896732 04/25/08-80019-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAEGER, JOSEPH P 2441 PALMETTO CIRCLE SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAEGER, PATRICIA A 2441 PALMETTO CIRCLE SOUTH DAYTONA, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKIN, R. NEIL 2220 DELORAINE TRAIL MAITLAND, FL 32751
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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-9-08	Daytime Phone # 386-7566592
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