

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005996

1. Entity Name

THE JEFF MITCHELL FOUNDATION, INC.



Principal Place of Business

218 N BROAD STREET
JACKSONVILLE, FL 32201 US

Mailing Address

108 JANELLE LANE
JACKSONVILLE, FL 32211

DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3446068

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, R. GLEN
218 N BROAD STREET
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

R. GLEN MITCHELL DIRECTOR 21 APRIL 05

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MITCHELL, GLEN
STREET ADDRESS 108 JANELLE LANE
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D
NAME MITCHELL, MARGARET
STREET ADDRESS 108 JANELLE LANE
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D
NAME SCHMIDT, JANE T
STREET ADDRESS 4526 OAK BAY DR W
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000330380
04/25/05-80158-017 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

R. GLEN MITCHELL 21 APR 05 904/396-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #