

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90009 007 ****61.25

DOCUMENT # N99000007220

1. Entity Name
JB FOUNDATION, INC.



Principal Place of Business
1209 BEACH AVENUE
ATLANTIC BEACH, FL 32233

Mailing Address
1209 BEACH AVENUE
ATLANTIC BEACH, FL 32233

40015185



01242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3611795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAUBOUF, JUDITH S
1209 BEACH AVENUE
ATLANTIC BEACH, FL 32233

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP | D BEAUBOUF, JUDITH S 1209 BEACH AVENUE ATLANTIC BEACH, FL 32233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BEAUBOUF, JAMES REED 1209 BEACH AVENUE 1082 CARNATION ST. ATLANTIC BEACH, FL 32233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BUNCH, BARBARA J 137 DEER COVE DRIVE PONTE VEDRA, FL 32082 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #