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FILED

Jan 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # P25481 (3)  
1. Corporation Name

HYMAN S. AND SADYE JACOBS FOUNDATION, INC.



Principal Place of Business

Mailing Address

836 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119836 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119-87513. Date Incorporated or Qualified  
08/02/19893a. Date of Last Report  
01/25/19962. Principal Place of Business  
1 JOHN ANDERSON DR2a. Mailing Address  
1 JOHN ANDERSON DR4. FEI Number  
58-6042913Applied For  
Not ApplicableSuite, Apt. #, etc.  
# 419Suite, Apt. #, etc.  
# 4195. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredCity & State  
ORMOND BEACH FLACity & State  
ORMOND BEACH FLA6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to FeesZip  
32176Country  
USAZip  
32176Country  
USA8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

BAGEN, SARA  
836 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
1 JOHN ANDERSON DR

83 #419

84 City ORMOND BEACH, FL 85 Zip Code 32176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/97

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BAGEN, SARA J.  
STREET ADDRESS 836 PELICAN BAY DRIVE  
CITY - ST - ZIP DAYTONA BEACH FL1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1 JOHN ANDERSON DR #419  
1.4 CITY - ST - ZIP ORMOND BEACH, FL 32176TITLE STD ☐ DELETE  
NAME BAGEN, LEONARD A.  
STREET ADDRESS 836 PELICAN BAY DRIVE  
CITY - ST - ZIP DAYTONA BEACH FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1 JOHN ANDERSON DR #419  
2.4 CITY - ST - ZIP ORMOND BEACH, FL 32176TITLE D ☐ DELETE  
NAME DEMPSEY, ROBYN  
STREET ADDRESS 3 LA JOLLA  
CITY - ST - ZIP ORMOND BEACH FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SARA JACOBS BAGEN

1/7/97

846727618

Day

Daytime Phone 4002429

CR2E037 (9/96)