FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 17 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25481

1. Corporation Name

HYMAN & SADYE JACOBS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1 JOHN ANDERSON DR SUITE 419 ORMOND BEACH, FLA 32176 USA	1 JOHN ANDERSON DR STE 419 ORMOND BEACH, FLA 32176 USA

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 8/02/1969

4. FEI Number: 58-6042913 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BAGEN, SARA JACOBS
1 JOHN ANDERSON DR #419
ORMOND BEACH, FLA 32176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 400002780484--4
-02/19/99--01040--005
*****61.FE 85 *****61.25

84 City

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] 2/13/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE		[ ] Change	[ ] Addition
D	PRES. SARA J. BAGEN 1 JOHN ANDERSON DR #419 ORMOND BEACH, FLA 32176		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		
D	VICE PRES. RENEE RINZLER 5785 LONG GROVE DR ATLANTA, GA. 30328		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		
D	SECTY. JACK A. DEMPSEY 3 LA JOLLA CT ORMOND BEACH, FLA 32174		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		
D	TREAS. ROBYN B. DEMPSEY 3 LA JOLLA CT ORMOND BEACH, FLA 32174		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		
			51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		
			61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] 2/13/99 904 672 7618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #