2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2015
Secretary of State
CC8475834391

DOCUMENT# N08000002351

Entity Name: JACOB CASEY FOUNDATION, INC.

Current Principal Place of Business:

6179 E PLACE - BOX 415
MCINTOSH, FL 32664

Current Mailing Address:

PO BOX 415
MCINTOSH, FL 32664

FEI Number: 26-2158422

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CASEY, BRIAN J
6179 E PLACE - BOX 415
MCINTOSH, FL 32664 US

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.

SIGNATURE: BRIAN J CASEY 04/28/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO, DIRECTOR
Name	CASEY, BRIAN J
Address	6179 E PLACE - BOX 415
City-State-Zip:	MCINTOSH FL 32664

Title	DIRECTOR
Name	ANDERSON, TAMMY L
Address	5425 NE 1ST LANE
City-State-Zip:	OCALA FL 34470

Title	DIRECTOR
Name	LOONEY, RISSETTE
Address	3601 SW 54TH CT.
City-State-Zip:	OCALA FL 34474

Title	DIRECTOR
Name	MATHIS, GEORGE E III
Address	1035 SW 33RD PLACE
City-State-Zip:	OCALA FL 34471

Title	PRESIDENT, DIRECTOR
Name	CASEY, PATTI A
Address	6179 E PLACE - BOX 415
City-State-Zip:	MCINTOSH FL 32664

Title	DIRECTOR
Name	HOPKINS, MICHAEL
Address	1714 SW 27TH ST
City-State-Zip:	OCALA FL 34471

Title	DIRECTOR
Name	ANDERSON, LOGAN
Address	5425 NE 1ST LANE
City-State-Zip:	OCALA FL 34470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATTI CASEY PRESIDENT/DIRECTOR 04/28/2015

Electronic Signature of Signing Officer/Director Detail — Date