

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001452

Entity Name: AARON JONES FOUNDATION, INC.**Current Principal Place of Business:**3138 PARK MEADOW DRIVE
APOPKA, FL 32703**Current Mailing Address:**P.O. BOX 1403
ORLANDO, FL 32704 US**FEI Number:** 81-1834623**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, AARON
3138 PARK MEADOW DRIVE
APOPKA, FL 32703 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	JONES, AARON
Address	3138 PARK MEADOW DRIVE
City-State-Zip:	APOPKA FL 32703

Title	D
Name	CALDWELL, YVETTE
Address	1824 HITES CT
City-State-Zip:	ORLANDO FL 32818

Title	D
Name	SCOTT, ANGELA
Address	134 W. G H WASHINGTON ST
City-State-Zip:	APOPKA FL 32703

Title	DIRECTOR
Name	HOILETT, MARCO
Address	3138 PARK MEADOW
City-State-Zip:	APOPKA FL 32703

Title	D
Name	ROBBINS, CLIM
Address	713 WESTDALE AVE
City-State-Zip:	ORLANDO FL 32805

Title	D
Name	EDWARDS, ROBERT
Address	5636 CHET DR
City-State-Zip:	ORLANDO FL 32818

Title	DIRECTOR
Name	FOLKES, ALTHEA
Address	3138 PARK MEADOW DRIVE
City-State-Zip:	APOPKA FL 32703

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: AARON JONES

CEO

01/11/2018

Electronic Signature of Signing Officer/Director Detail_____
Date