

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000011424

**FILED**  
**Feb 26, 2023**  
**Secretary of State**  
**0059694631CC**

**Entity Name:** THE SAMUEL JACKSON FOUNDATION INC

**Current Principal Place of Business:**

940 CITY PLAZA WAY APT 302  
OVIEDO, FL 32765

**Current Mailing Address:**

940 CITY PLAZA WAY APT302  
OVIEDO, FL 32765

**FEI Number: 88-3478671**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JACKSON, JENNIFER  
940 CITY PLAZA WAY APT302  
OVIEDO, FL 32765 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 P  
Name JACKSON, JENNIFER  
Address 940 CITY PLAZA WAY APT 302  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name JACKSON, SAMUEL  
Address 940 CITY PLAZA WAY APT 302  
City-State-Zip: OVIEDO FL 32765

Title D  
Name JACKSON, MARSHALL A  
Address 940 CITY PLAZA WAY APT 302  
City-State-Zip: OVIEDO FL 32765

Title D  
Name LEVOY, LORI  
Address 1935 OLD TOMOKA RD W  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name DEAGUILERA, EDWARD  
Address 15865 CITRUS KNOLL DR  
City-State-Zip: WINTER GARDEN FL 32561

*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: JENNIFER JACKSON**

**PRESIDENT**

**02/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date