

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000008519

Entity Name: JACLYNN'S WISH INC.

Current Principal Place of Business:

1205 SW 20TH ST.
CAPE CORAL, FL 33991

Current Mailing Address:

1205 SW 20TH ST.
CAPE CORAL, FL 33991

FEI Number: 93-2400180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, LEE A
1205 SW 20TH ST.
CAPE CORAL, FL 33991 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 VICE PESIDENT
Name SMITH, SUMMERLYNN N
Address 1205 SW 20TH ST
City-State-Zip: CAPE CORAL FL 33991

Title PRESIDENT
Name GONZALEZ, JESSICA R
Address 1345 NE VAN LOON TER.
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name LOSAURO, CHRISTINA R
Address 3888 NIGHT HERON DR.
City-State-Zip: SANFORD FL 32773

Title SECRETARY
Name MORETTA MOORE A, ANGELICA
Address 12811 EAGLE POINTE CIR.
City-State-Zip: FT. MYERS FL 33913

Title ASST. TREASURER
Name MANN, JOSEPH G
Address 2287 HOLLYBERRY WAY
City-State-Zip: SANFORD FL 32771

Title DIRECTOR OF FUNDRAISING AND MARKETING
Name LEWIS, JESSICA A
Address 2 SE 10TH AVE.
City-State-Zip: CAPE CORAL FL 33990

Title DIRECTOR
Name SMITH, LEE A
Address 1205 SW 20TH ST.
City-State-Zip: CAPE CORAL FL 33991

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: LEE ANN SMITH

REG. AGENT/DIRECTOR

02/02/2025

Electronic Signature of Signing Officer/Director Detail

Date