

**2024 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 VP  
Name SMITH, SUMMERLYNN N  
Address 1205 SW 20TH ST  
City-State-Zip: CAPE CORAL FL 33991

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

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

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

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

*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:** SUMMERLYNN SMITH

VP

07/21/2024

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

\_\_\_\_\_  
Date