

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011424

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 APT 302
OVIEDO, FL 32765**FEI Number: 88-3478671****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, JENNIFER
940 CITY PLAZA WAY APT 302
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	DEAGUILERA, EDWARD
Address	15865 CITRUS KNOLL DR
City-State-Zip:	WINTER GARDEN FL 32561

Title	DIRECTOR
Name	PARSONS, CATHY
Address	4906 AEGEAN AVE
City-State-Zip:	HOLDAY FL 34690

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****02/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date