

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 20 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 745407 (7)**  
1. Corporation Name  
**LOUIS PORTNOY FAMILY FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**4215 SOUTHPOINT BLVD JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1978** 3a. Date of Last Report **04/11/1994**  
4. FEI Number **59-1869914** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **3335 N. Edgewood Avenue** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State City & State  
23 **Jacksonville, FL** 28  
Zip Country Zip Country  
24 **32254** 25 29 30

9. Name and Address of Current Registered Agent

**ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD  
SUITE 100  
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>ANSBACHER, LEWIS</b>
STREET ADDRESS	<b>4215 SOUTHPOINT BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>TD</b>
NAME	<b>SHORSTEIN, JACK F.</b>
STREET ADDRESS	<b>8265 BAYBERRY ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>V</b>
NAME	<b>PORTNOY, JERRY</b>
STREET ADDRESS	<b>9550 KUHN RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b>
NAME	<b>PORTNOY, GOLDE</b>
STREET ADDRESS	<b>2823 EVERCHARM PLACE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registrar or have been employed to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jerry B. Portnoy** 3/29/95 904-355-7591

(Title)

(Home Phone #)