

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

DOCUMENT # N06625 (0)

1. Corporation Name

SHORSTEIN FAMILY FOUNDATION, INC.

APPROVED
AND
FILED

RECEIVED MAY 9 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**8265 BAYBERRY RD.
JACKSONVILLE FL 32256**

**8265 BAYBERRY RD.
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1984

3a. Date of Last Report

07/06/1994

4. FEI Number

59-2473526

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

23

28

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHORSTEIN, JACK F.
8265 BAYBERRY RD.
JACKSONVILLE FL 32256**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 required of principal agent of registered agent and Secretary of State)

(Signature required of Agent upon registration and after reappointing)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE

VSD

NAME

SHORSTEIN, JACK F.

STREET ADDRESS

8265 BAYBERRY ROAD

CITY, ST, ZIP

JACKSONVILLE FL

12.2 TITLE

VTD

NAME

SHORSTEIN, MARK J.

STREET ADDRESS

8265 BAYBERRY ROAD

CITY, ST, ZIP

JACKSONVILLE FL

12.3 TITLE

PD

NAME

SHORSTEIN, SAMUEL R.

STREET ADDRESS

8265 BAYBERRY RD.

CITY, ST, ZIP

JACKSONVILLE FL

12.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark J. Shorstein
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Shorstein VP

4/27/95

(Date)

904-739-1311

(Typed Name)