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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N12421 (6)
1. Corporation Name
SIDNEY AND LOIS GEFEN FAMILY FOUNDATION, INC.



Principal Place of Business: 3127 ATLANTIC BLVD. SUITE 417 JACKSONVILLE FL 32207
Mailing Address: 4215 SOUTHPOINT BLVD. STE. 100 JACKSONVILLE FL 32216-0999

3. Date Incorporated or Qualified: 12/06/1985
3a. Date of Last Report: 04/18/1996
4. FEI Number: 59-2610691
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
ANSBACHER, LEWIS
4215 SOUTHPOINT BOULEVARD
SUITE 100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include Sidney Gefen (PD), Lois Gefen (SD), and Lewis Ansbacher (D).

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows for additions/changes to officers and directors.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.

CR2E037 (9/96)