

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90129 014 \*\*\*\*61.25

005-483

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12421

1. Corporation Name

SIDNEY AND LOIS GEFEN FAMILY FOUNDATION, INC.

Principal Place of Business

3127 ATLANTIC BLVD.  
SUITE 117  
JACKSONVILLE FL 32207

Mailing Address

4215 SOUTHPOINT BLVD. STE. 100  
JACKSONVILLE FL 32216



2. Principal Place of Business

21 3127 Atlantic Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/06/1985

Suite, Apt. #, etc.

22 Suite 103

Suite, Apt. #, etc.

27

4. FEI Number

59-2610691

Applied For

Not Applicable

City & State

23 Jacksonville, FL

City & State

28

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

24 32207

Country

Zip

29

Country

30

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE PD  
NAME GEFEN, SIDNEY  
STREET ADDRESS 3127 ATLANTIC BLVD., #30103  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE STD  
NAME GEFEN, LOIS  
STREET ADDRESS 3127 ATLANTIC BLVD., #103  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D  
NAME ANSBACHER, LEWIS  
STREET ADDRESS 4215 SOUTHPOINT BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS Suite 103  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)