

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745407

**Entity Name:** LOUIS PORTNOY FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2817 FOREST MILL LANE  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

2817 FOREST MILL LANE  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-1869914

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD  
BLDG 100  
JACKSONVILLE, FL 32256 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 TP  
Name PASSINK, RHONDA  
Address 2817 FOREST MILL LANE  
City-State-Zip: JACKSONVILLE FL 32257

Title TV  
Name PORTNOY, JERRY  
Address 9550 KUHN ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title TV  
Name PORTNOY, MICHAEL  
Address 30 RAWHIDE DRIVE  
City-State-Zip: SEDONA AZ 86336

Title TS  
Name SCHNEIDER, MICHAEL N  
Address 5150 BELFORT ROAD BUILDING 100  
City-State-Zip: JACKSONVILLE FL 32256

Title T  
Name PASSINK, RICHARD  
Address 2817 FOREST MILL LANE  
City-State-Zip: JACKSONVILLE FL 32257

Title TS  
Name ENNIS, ROBERT  
Address 5150 BELFORT ROAD BUILDING 600  
City-State-Zip: JACKSONVILLE FL 32256

*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:** RICHARD PASSINK

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02/27/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date