

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010031

FILED
Mar 13, 2024
Secretary of State
1980512272CC

Entity Name: MARK EISENBERG FAMILY FOUNDATION, INC.

Current Principal Place of Business:

JEWISH FEDERATION OF PALM BEACH COUNTY
1 HARVARD CIRCLE SUITE 100
WEST PALM BEACH, FL 33409

Current Mailing Address:

JEWISH FEDERATION OF PALM BEACH COUNTY
1 HARVARD CIRCLE SUITE 100
WEST PALM BEACH, FL 33409 US

FEI Number: 20-1842894

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKLOR, SANFORD
JEWISH FEDERATION OF PALM BEACH COUNTY
1 HARVARD CIRCLE SUITE 100
WEST PALM BEACH, FL 33409 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: SANFORD BAKLOR

03/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title T
Name BAKLOR, SANFORD TRUSTEE
Address 12209 TILLINGHAST CIRCLE
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TRUSTEE
Name LEVY, MARK F. TRUSTEE
Address 1601 FORUM PLACE – SUITE 500
SUITE 500
City-State-Zip: WEST PALM BEACH FL 33401

Title P
Name EISENBERG, MARK TRUSTEE
Address 133 VIA PARADISIO
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name EISENBERG, LAWRENCE TRUSTEE
Address 3299 K STREET NW
STE. 100
City-State-Zip: WASHINGTON DC 20007

Title TRUSTEE
Name GOLDEN, RAYMOND
Address 11609 CHARISMA WAY
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TRUSTEE
Name SHULMAN PERTNOY, SUSAN
Address 829 HARBOUR ISLES PL
City-State-Zip: NORTH PALM BEACH FL 33410

Title TRUSTEE
Name YUDENFREUND, JOEL
Address 736 BOCCE CT
City-State-Zip: PALM BEACH GARDENS FL 33410

Title TRUSTEE
Name KIRSON, CAROL
Address 31 HOBART RD
City-State-Zip: NEWTON CENTER MA 02459

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: SHULMAN PERTNOY SUSAN

TRUSTEE

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date