

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011176

Entity Name: PAUL S. PARISER FOUNDATION, INC.**Current Principal Place of Business:**4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 33431-4860**Current Mailing Address:**4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 33431-4860**FEI Number:** 56-2606991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERT MARC SCHWARTZ, P.A.
4700 NW BOCA RATON BOULEVARD, SUITE 104
BOCA RATON, FL 33431-4860 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 D
Name PARISER, PAUL S
Address P O BOX 160278
City-State-Zip: BIG SKY MT 59716Title D
Name PARISER, BENJAMIN S
Address 3200 80TH AVE SE APT 5
City-State-Zip: MERCER ISLAND WA 98040Title D
Name SCHLOSSBERG, ELI
Address 3207 FALLSTAFF RD
City-State-Zip: BALTIMORE MD 21215Title D
Name LEFF, MARVIN
Address 1323 DAVIES ROAD
City-State-Zip: FAR ROCKAWAY NY 11691Title D
Name PARISER, ALAN D
Address P O BOX 531453
City-State-Zip: HENDERSON NV 89053Title D
Name SCHWARTZ, ROBERT M
Address 4700 NW BOCA RATON BLVD, SUITE 104
City-State-Zip: BOCA RATON FL 33431-4860

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: PAUL S. PARISER**PRESIDENT****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date