

**2022 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:**SCHWARTZ, ROBERT MARC  
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:** ROBERT MARC SCHWARTZ

03/08/2022

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 DRESSLER, RANDI M  
Address 1917 STONER AVE  
City-State-Zip: LOS ANGELES CA 90025Title D  
Name DRESSLER, DAVID  
Address 1917 STONER AVE  
City-State-Zip: LOS ANGELES CA 90025Title D  
Name PARISER, BERT DR.  
Address 860 E BROADWAY, APT 2D  
City-State-Zip: LONG BEACH NY 11561Title D  
Name PARISER, ALAN D  
Address 472 ST MORITZ DR  
City-State-Zip: HENDERSON NV 89012Title 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

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date