

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06625

Entity Name: SHORSTEIN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**8265 BAYBERRY RD.
JACKSONVILLE, FL 32256**Current Mailing Address:**8265 BAYBERRY RD.
JACKSONVILLE, FL 32256**FEI Number:** 59-2473526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHORSTEIN, MARK JV
8265 BAYBERRY RD.
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 VP, TREASURER, SECRETARY,
DIRECTOR
Name SHORSTEIN, MARK J
Address 8265 BAYBERRY ROAD
City-State-Zip: JACKSONVILLE FL

Title DIRECTOR
Name SHORSTEIN, MICHAEL
Address 8265 BAYBERRY RD.
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name SHORSTEIN, BENJAMIN
Address 8265 BAYBERRY RD.
City-State-Zip: JACKSONVILLE FL 32256

Title PRESIDENT, DIRECTOR
Name SHORSTEIN, SAMUEL R
Address 8265 BAYBERRY RD.
City-State-Zip: JACKSONVILLE FL

Title DIRECTOR
Name SHORSTEIN, NEAL
Address 8265 BAYBERRY RD.
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: MARK SHORSTEIN

VP

03/16/2015

Electronic Signature of Signing Officer/Director Detail_____
Date