

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009686

**Entity Name:** THE JON S. & LORI ZEPF FOUNDATION, INC.

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC8916225476**

**Current Principal Place of Business:**

1650 N. MILLS AVE  
APT.#154  
ORLANDO, FL 32803

**Current Mailing Address:**

1650 N. MILLS AVE  
APT.#154  
ORLANDO, FL 32803 US

**FEI Number: 26-1614161**

**Certificate of Status Desired: No**

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

LOWMAN, JR., WILLIAM RESQ.  
SHUFFIELD LAWMAN & WILSON, P.A.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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 ZEPF, STEVE  
Address 730 MAXWELL STREET  
City-State-Zip: ORLANDO FL 32804

Title D  
Name ZEPF, LORI  
Address 730 MAXWELL STREET  
City-State-Zip: ORLANDO FL 32804

Title D  
Name ZEPF, BRIAN  
Address 730 MAXWELL STREET  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ZEPF, NICHOLAS  
Address 730 MAXWELL STREET  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ZEPF, JACOB  
Address 730 MAXWELL STREET  
City-State-Zip: ORLANDO FL 32804

*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: STEVE ZEPF**

**DIRECTOR**

**01/29/2016**

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

\_\_\_\_\_  
Date