

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010725

Entity Name: SHAPIRO FAMILY FOUNDATION, INC.

FILED
Jan 11, 2021
Secretary of State
5311707895CC

Current Principal Place of Business:

C/O MR. ALAN SHAPIRO
40 ANNANDALE DRIVE
CHAPPAQUA, NY 10514

Current Mailing Address:

C/O MR. ALAN SHAPIRO
40 ANNANDALE DRIVE
CHAPPAQUA, NY 10514 US

FEI Number: 26-1372643

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVARI & ASSOCIATES INC
141 SAGE BRUSH TRAIL SUITE D
ORMOND BEACH, FL 32174 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: JOHNNY SVAJKO

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name SHAPIRO, ALAN
Address 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SHAPIRO, CHELSEA
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title SECRETARY, VP
Name SILBERT, MARCI
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SHAPIRO, REBECCA
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SHAPIRO, ADAM
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SILBERT, JORDAN
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SILBERT, CAILEY
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR
Name SHAPIRO, MELISSA
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

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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: ALAN SHAPIRO

PRESIDENT

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SHAPIRO, DAVID
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514

Title D
Name SHAPIRO, PHILIP
Address C/O MR. ALAN SHAPIRO
 40 ANNANDALE DRIVE
City-State-Zip: CHAPPAQUA NY 10514