

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12421

**Entity Name:** GEFEN-JAFFE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6550 ST. AUGUSTINE ROAD  
UNIT 104  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

5150 BELFORT ROAD, BLDG. 100  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-2610691

**Certificate of Status Desired:** No

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

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT RD  
BLDG 100  
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 D, PRESIDENT, SECRETARY  
Name JAFFE, BARBARA  
Address 6740 EPPING FOREST WAY, N  
UNIT 109  
City-State-Zip: JACKSONVILLE FL 32217  
  
Title TRUSTEE  
Name ZIMMERMAN, BRADLEY  
Address 6740 EPPING FOREST WAY, N.  
UNIT 109  
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR, TREASURER  
Name JAFFE, LAWRENCE  
Address 6740 EPPING FOREST WAY, N  
UNIT 109  
City-State-Zip: JACKSONVILLE FL 32217  
  
Title TRUSTEE  
Name ZIMMERMAN, SANFORD I  
Address 6740 EPPING FOREST WAY, N.  
UNIT 109  
City-State-Zip: JACKSONVILLE FL 32217

*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:** BARBARA JAFFE

D

02/21/2022

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

\_\_\_\_\_  
Date