

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12421

**Entity Name:** SIDNEY AND LOIS GEFEN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

6750 EPPING FOREST WAY, N.  
UNIT 107  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

P O BOX 551260  
JACKSONVILLE, FL 32255

**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        6750 EPPING FOREST WAY, N  
                  UNIT 107  
City-State-Zip: JACKSONVILLE FL 32217

Title            DIRECTOR, TREASURER  
Name            JAFFE, LAWRENCE  
Address        6750 EPPING FOREST WAY, N  
                  UNIT 107  
City-State-Zip: JACKSONVILLE FL 32217

Title            TRUSTEE  
Name            ZIMMERMAN, BRADLEY  
Address        6750 EPPING FOREST WAY, N.  
                  UNIT 107  
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**

**02/12/2018**

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

\_\_\_\_\_  
Date