

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1900000703

**Entity Name:** THOMAS B. JELKE FOUNDATION, INC.

**Current Principal Place of Business:**

3100 BRICKELL AVENUE  
MIAMI, FL 33129

**Current Mailing Address:**

3100 BRICKELL AVENUE  
MIAMI, FL 33129

**FEI Number:** 65-6355083

**Certificate of Status Desired:** No

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

JELKE, THOMAS B  
3100 BRICKELL AVENUE  
MIAMI, FL 33129 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 TTEE  
Name JELKE, THOMAS B  
Address 3100 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33129

Title TTEE  
Name ARNHOLT, JOANN  
Address 29 STERLING ROAD  
City-State-Zip: PRINCETON NJ 08901

Title TTEE  
Name BEST, SUSAN  
Address 1120 TYLER STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title TTEE  
Name JELKE, REBECCA  
Address 3100 BRICKELL AVENUE  
City-State-Zip: MIAMI FL 33129

*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:** THOMAS B JELKE

CHAIRMAN

01/15/2020

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

\_\_\_\_\_  
Date