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: JED KAPLAN

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000013146

Entity Name: KAPLAN CHARITABLE FOUNDATION INC.

Current Principal Place of Business:

5340 BOCA MARINA CIRCLE NORTH BOCA RATON. FL 33487

Current Mailing Address:

5340 BOCA MARINA CIRCLE NORTH BOCA RATON. FL 33487 US

FEI Number: 85-3934766

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

JED KAPLAN 5340 BOCA MARINA CIRCLE NORTH BOCA RATON, FL 33487 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:

Officer/Director Detail :			
Title	PSD	Title	TD
Name	JED KAPLAN	Name	JAMIE KAPLAN
Address	5340 BOCA MARINA CIRCLE NORTH	Address	5340 BOCA MARINA CIRCLE NORTH
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

Certificate of Status Desired: No

Date

MANAGER

03/16/2023

Date

FILED Mar 16, 2023 Secretary of State 9694445176CC