

**2024 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

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PSD  
Name JED KAPLAN  
Address 5340 BOCA MARINA CIRCLE NORTH  
City-State-Zip: BOCA RATON FL 33487

Title TD  
Name JAMIE KAPLAN  
Address 5340 BOCA MARINA CIRCLE NORTH  
City-State-Zip: BOCA RATON FL 33487

*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

**MANAGER**

**02/05/2024**

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

\_\_\_\_\_  
Date