

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45161

Entity Name: WILL AND ANN EISNER FAMILY FOUNDATION, INC.**Current Principal Place of Business:**50 EAST RIDGEWOOD AVE. #367
RIDGEWOOD, NJ 07450**Current Mailing Address:**50 EAST RIDGEWOOD AVE. #367
RIDGEWOOD, NJ 07450 US**FEI Number:** 65-0309613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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	DIRECTOR
Name	GROPPER, RICHARD M
Address	40 PARK AVENUE
City-State-Zip:	NEW YORK NY 10016

Title	DIRECTOR
Name	WARNER, CAROLYN
Address	115 CENTRAL PARK WEST
City-State-Zip:	NEW YORK NY 10023

Title	DIRECTOR
Name	GROPPER, ANDREW J
Address	116-25 UNION TURNPIKE
City-State-Zip:	FOREST HILLS NY 11325

Title	DIRECTOR, TREASURER, PRESIDENT
Name	GROPPER, CARL M
Address	214 EMMETT PLACE
City-State-Zip:	RIDGEWOOD NJ 07450

Title	DIRECTOR, SECRETARY
Name	GROPPER, NANCY R
Address	214 EMMETT PLACE
City-State-Zip:	RIDGEWOOD NJ 07450

Title	DIRECTOR
Name	GROPPER, ALLAN L
Address	115 CENTRAL PARK WEST
City-State-Zip:	NEW YORK NY 10023

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: CARL M GROPPER**PRESIDENT****01/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date