

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715494

FILED  
Jan 06, 2005  
Secretary of State

**Entity Name:** JEROME AND NORMA KIPNIS FOUNDATION, INC.

**Current Principal Place of Business:**

5150 BELFORT ROAD  
BLDG. 300  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

5150 BELFORT ROAD  
BLDG. 300  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 59-6214753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIPNIS, JEROME L.  
11111 BISCAYNE BLVD.  
MIAMI, FL 33161 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KIPNIS, PATRICIA,  
Address: 11111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: JAFFE, LAWRENCE,  
Address: 5150 BELFORT ROAD BLDG. 300  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD ( ) Delete  
Name: KIPNIS, JEROME L,  
Address: 1111 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE JAFFE

MR

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date