

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004539

1. Entity Name

THE JANE AND ALAN CORNELL FOUNDATION, INC.



Principal Place of Business

17640 LAKE ESTATES DRIVE
BOCA RATON FL 33496

Mailing Address

17640 LAKE ESTATES DRIVE
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0460786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELSON, STEVEN A ESQ
C/O BELSON & LEWIS
2000 GLADES ROAD STE 306
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	CORNELL, ALAN R	
STREET ADDRESS	17640 LAKE ESTATES DRIVE	
CITY- ST- ZIP	BOCA RATON FL 33496	
TITLE	D	☐ Delete
NAME	CORNELL, JANE E	
STREET ADDRESS	17640 LAKE ESTATES DRIVE	
CITY- ST- ZIP	BOCA RATON FL 33496	
TITLE	D	☐ Delete
NAME	CORNELL, MICHAEL C	
STREET ADDRESS	2 WRIGHTS MILL RD.	
CITY- ST- ZIP	ARMONK NY 10504	
TITLE	D	☐ Delete
NAME	CORNELL, LAUREN B	
STREET ADDRESS	280 PARK AVENUE SOUTH, APT. 4M	
CITY- ST- ZIP	NEW YORK NY 10010	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000364779
05/09/05-20010-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/05