2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18107

FILED Jan 05, 2012 Secretary of State

Entity Name: LAWRENCE L. AND BARBARA G. JAFFE FAMILY FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6550 SAINT AUGUSTINE ROAD 6550 SAINT AUGUSTINE ROAD

SIUTE 104 SUITE 104

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32217 US

Current Mailing Address: New Mailing Address:

6550 SAINT AUGUSTINE ROAD 6550 SAINT AUGUSTINE ROAD

SIUTE 104 SUITE 104

JACKSONVILLE, FL 32217 US JACKSONVILLE, FL 32217 US

FEI Number: 59-2743125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JAFFE, LAWRENCE L 6550 SAINT AUGUSTINE ROAD SUITE 104 JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: PD

Name: JAFFE, LAWRENCE L.

Address: 6550 SAINT AUGUSTINE ROAD, SUITE 104

City-St-Zip: JACKSONVILLE, FL 32217

Title: VS

Name: JAFFE, BARBARA G.

Address: 6550 SAINT AUGUSTINE ROAD, SUITE 104

City-St-Zip: JACKSONVILLE, FL 32217

Title: TD

Name: JAFFE, BARBARA G.

Address: 6550 SAINT AUGUSTINE ROAD, SUITE 104

City-St-Zip: JACKSONVILLE, FL 32217

Title:

Name: GEFEN, SIDNEY J.

Address: 6550 SAINT AUGUSTINE ROAD, SUITE 104

City-St-Zip: JACKSONVILLE, FL 32217

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: LAWRENCE L JAFFE PRES 01/05/2012