

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18460 (8)

1. Corporation Name

IRVING AND ELEANOR JAFFE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**7709 LAKESIDE BLVD., #G17-4
BOCA RATON FL 33434**

**7709 LAKESIDE BLVD., #G17-4
BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2751352

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

20290 FAIRWAY OAKS DRIVE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

284

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

BOCA RATON FL

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

Zip

Country

Zip

Country

24

25

29

33434

30

USA

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELEANOR L. JAFFE
7709 LAKESIDE BLVD., #17-4
BOCA RATON FL 33434**

81 Name

ELEANOR L. JAFFE

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

20290 FAIRWAY OAKS DRIVE #284

83

84 City

BOCA RATON

FL

85 Zip Code

33434

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed

Registered agent and who is acceptable

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

JAFFE, IRVING

STREET ADDRESS

7709 LAKESIDE BLVD.G17-4

CITY - ST - ZIP

BOCA RATON FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

STD

NAME

JAFFE, ELEANOR

STREET ADDRESS

7709 LAKESIDE BLVD.G17-4

CITY - ST - ZIP

BOCA RATON FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

VD

NAME

LIPTON, ROSE

STREET ADDRESS

7709 LAKESIDE BLVD.G17-4

CITY - ST - ZIP

BOCA RATON FL

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**VD
JAFFE, JACK
5067 MCGILL WAY
SAN DIEGO, CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. L. Jaffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. L. JAFFE (ELEANOR JAFFE)

4/24/95

Date

407-483-5550

Daytime Phone #