

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91254 025 ****61.25

DOCUMENT # N18460

1. Entity Name
IRVING AND ELEANOR JAFFE FOUNDATION, INC.



Principal Place of Business
20290 FAIRWAY OAKS DRIVE
SUITE 284
BOCA RATON, FL 33434 US

Mailing Address
20290 FAIRWAY OAKS DRIVE
SUITE 284
BOCA RATON, FL 33434 US

94083676



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2751352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAFFE, ELEANOR L.
20290 FAIRWAY OAKS DRIVE #284
BOCA RATON, FL 33434

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

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JAFFE, IRVING
STREET ADDRESS 20290 FAIRWAY OAKS DR. #284
CITY-ST-ZIP BOCA RATON, FL

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

TITLE STD ☐ Delete
NAME JAFFE, ELEANOR
STREET ADDRESS 20290 FAIRWAY OAKS DR. #284
CITY-ST-ZIP BOCA RATON, FL

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

TITLE VD ☐ Delete
NAME JAFFE, JACK
STREET ADDRESS 1260 TWIN SISTER ROAD
CITY-ST-ZIP NEDERLAND, CO 80466

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

TITLE D ☐ Delete
NAME REYNOLDS, JOYCE JAFFE
STREET ADDRESS 1257 MARTIN AVENUE
CITY-ST-ZIP PALO ALTO, CA 94301

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

TITLE D ☐ Delete
NAME JAFFE TAKEL, SUSAN
STREET ADDRESS 5 BROOK LANE
CITY-ST-ZIP BROOKVILLE, NY 11545

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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 #