2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N18460

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

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

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01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2751352
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAFFE, IRVING
STREET ADDRESS	20290 FAIRWAY OAKS DR. #284
CITY-ST-ZIP	BOCA RATON, FL
TITLE	STD
NAME	JAFFE, ELEANOR
STREET ADDRESS	20290 FAIRWAY OAKS DR. #284
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VD
NAME	JAFFE, JACK
STREET ADDRESS	1260 TWIN SISTER ROAD
CITY-ST-ZIP	NEDERLAND, CO 80466
TITLE	D
NAME	REYNOLDS, JOYCE JAFFE
STREET ADDRESS	1257 MARTIN AVENUE
CITY-ST-ZIP	PALO ALTO, CA 94301
TITLE	D
NAME	JAFFE TAKEL, SUSAN
STREET ADDRESS	5 BROOK LANE
CITY-ST-ZIP	BROOKVILLE, NY 11545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000296111
04/09/05-80056-004 61.25

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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: E L Jaffe (Eleanor Jaffe) ELEANOR JAFFE 561-852-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #