2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N18460

Entity Name: IRVING AND ELEANOR JAFFE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2751352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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	( ) Delete
Name:	JAFFE, IRVING,	
Address:	20290 FAIRWAY OAKS DR. #284	
City-St-Zip:	BOCA RATON, FL	
Title:	STD	( ) Delete
Name:	JAFFE, ELEANOR,	
Address:	20290 FAIRWAY OAKS DR. #284	
City-St-Zip:	BOCA RATON, FL	
Title:	VD	( ) Delete
Name:	JAFFE, JACK	
Address:	1181 PINTAIL CIRCLE	
City-St-Zip:	BOULDER, CO 80303	
Title:	D	( ) Delete
Name:	REYNOLDS, JOYCE JAFFE	
Address:	1257 MARTIN AVENUE	
City-St-Zip:	PALO ALTO, CA 94301	
Title:	D	( ) Delete
Name:	JAFFE TAXEL, SUSAN	
Address:	5 BROOK LANE	
City-St-Zip:	BROOKVILLE, NY 11545	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELEANOR L. JAFFE STD 01/16/2009
Electronic Signature of Signing Officer or Director — Date