

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28489** (5)

1. Corporation Name

ANDY KAPLAN CHILDREN'S FOUNDATION, INC.



Principal Place of Business	Mailing Address
10441 NW 17TH ST 1448 N.W. 105TH AVE. PLANTATION FL 33322 US	10441 NW 17TH ST 1448 N.W. 105TH AVE. PLANTATION FL 33322 US

3. Date Incorporated or Qualified

09/22/1988

4. FEI Number

65-0074875

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **11640 Island Way**

26 **11640 Island Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Weston FL**

28 **Weston FL**

Zip

Country

Zip

Country

24 **33326**

25 **USA**

29 **33326**

30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, JEFFREY
10441 NW 17TH ST
PLANTATION FL 33322

81 Name

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

83

84 City

Weston

FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PSD**
STREET ADDRESS **KAPLAN, JEFFREY**
CITY-ST-ZIP **10441 NW 17TH ST**
PLANTATION FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **KAPLAN, JOEL**
CITY-ST-ZIP **10441 NW 17TH STREET**
PLANTATION FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **WERNER, GWEN**
CITY-ST-ZIP **4951 NW 72ND AVENUE**
LAUDERHILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Jeffrey Kaplan (Signature)

Date

Daytime Phone #

CR2E037 (10/97)