

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90109 003 \*\*\*\*61.25

**DOCUMENT # N98000006863**

1. Corporation Name

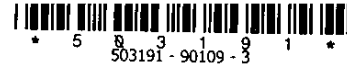
**THE DAVID JOFFE FAMILY FOUNDATION, INC.**

Principal Place of Business

440 ROYAL PALM WAY  
SUITE 200  
PALM BEACH FL 33480

Mailing Address

440 ROYAL PALM WAY  
SUITE 200  
PALM BEACH FL 33480



2. Principal Place of Business

21 **777 S. Flagler Drive**

Suite, Apt. #, etc.

22 **Suite 300 East**

City & State

23 **West Palm Beach, FL**

Zip

24 **33401**

Country

25 **USA**

2a. Mailing Address

26 **777 S. Flagler Drive**

Suite, Apt. #, etc.

27 **Suite 300 East**

City & State

28 **West Palm Beach, FL**

Zip

29 **33401**

Country

30 **USA**

3. Date Incorporated or Qualified

**12/01/1998**

4. FEI Number

**65-0879920**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**YUDENFREUND, JOEL H**  
**C/O CHOPIN, MILLER & YUDENFREUND**  
**SUITE 200, 440 ROYAL PALM WAY**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

**Adler, Leonard J.**

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

**c/o Greenberg Traurig, P.A.**

83

**777 S. Flagler Dr., Suite 300E**

84 City

**West Palm Beach**

85 Zip Code

**FL 33401**

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

**Leonard J. Adler**

**05/03/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

**D**

1.2 NAME

**David Joffe**

1.3 STREET ADDRESS

**777 S. Flagler Dr., #300E**

1.4 CITY-ST-ZIP

**W. Palm Beach, FL 33401**

2.1 TITLE

**D**

2.2 NAME

**Mona Joffe**

2.3 STREET ADDRESS

**777 S. Flagler Dr., #300E**

2.4 CITY-ST-ZIP

**W. Palm Beach, FL 33401**

3.1 TITLE

**D**

3.2 NAME

**Jill Schwartz**

3.3 STREET ADDRESS

**777 S. Flagler Dr., #300E**

3.4 CITY-ST-ZIP

**W. Palm Beach, FL 33401**

☐ Change

☒ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**David Joffe, Director**

**05/03/99**

**(561)650-7900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)