

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008101

**Entity Name:** THE LILLIAN JEAN KAPLAN FOUNDATION, INC.

**Current Principal Place of Business:**

3551 ESTEPONA AVE  
DORAL, FL 33178

**Current Mailing Address:**

3551 ESTEPONA AVE  
DORAL, FL 33178 US

**FEI Number: 30-0127083**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FISKE \$ CO  
1000 SOUTH PINE ISLAND BLVD  
SUITE 440 ATT HOWARD HAMMER  
FORT LAUDERDALE, FL 33324 US

*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

**Officer/Director Detail :**

Title D  
Name DREW, ANGELIKA C  
Address 901 CYPRESS GROVE DR. #201  
City-State-Zip: FORT LAUDERDALE FL 33069

Title D  
Name AGUIAR, ELLEN R  
Address 901 CYPRESS GROVE DR. #201  
City-State-Zip: POMPANO BEACH FL 33069

Title D  
Name JUSTIN, DREW C  
Address 901 CYPRESS GROVE DR. #201  
City-State-Zip: POMPANO BEACH FL 33069

Title D  
Name AGUIAR, LUIS R  
Address 3551 ESTEPONA AV  
City-State-Zip: DORAL FL 33178

*I hereby 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 all other like empowered.*

**SIGNATURE: LUIS AGUIAR**

**DIRECTOR**

**01/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date