

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009980

**Entity Name:** THE EVELYN FOUNDATION, INC.

**Current Principal Place of Business:**

16071 VILLA VIZCAYA PL  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

16071 VILLA VIZCAYA PL  
DELRAY BEACH, FL 33446 US

**FEI Number:** 20-2099179

**Certificate of Status Desired:** No

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

SCHECHTER, STUART  
16071 VILLA VIZCAYA PL  
DELRAY BEACH, FL 33446 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 P  
Name SCHECHTER, RACHEL J  
Address 16071 VILLA VIZCAYA PL  
City-State-Zip: DELRAY BEACH FL 33446

Title P  
Name FEINGOLD, KATE  
Address 16071 VILLA VIZCAYA PL  
City-State-Zip: DELRAY BEACH FL 33446

Title VP  
Name SCHECHTER, STUART A  
Address 16071 VILLA VIZCAYA PL  
City-State-Zip: DELRAY BEACH FL 33446

Title T  
Name COHN, ANDY  
Address 16071 VILLA VIZCAYA PL  
City-State-Zip: DELRAY BEACH FL 33446

*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:** RACHEL SCHECHTER

P

04/27/2016

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

\_\_\_\_\_  
Date