

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05945

**Entity Name:** COBB FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD  
STE 470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 14-4200  
CORAL GABLES, FL 33114-4200

**FEI Number:** 59-2477459

**Certificate of Status Desired:** No

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

PERDOMO, MERCEDES  
4000 PONCE DE LEON BLVD  
STE 470  
CORAL GABLES, FL 33146 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 DCT  
Name COBB, CHARLES E JR  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

Title PSD  
Name COBB, SUE  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

Title VD  
Name COBB, TOBIN T  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

Title VD  
Name COBB, CHRISTIAN M  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

Title D  
Name COBB, LUISA S  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

Title D  
Name COBB, KOLLEEN P  
Address PO BOX 14-4200  
City-State-Zip: CORAL GABLES FL 33114-4200

*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:** COBB, CHARLES E JR

**DIRECTOR**

**04/17/2023**

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

\_\_\_\_\_  
Date