

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007415

Entity Name: JEROME J. CLAEYS III AND BARBARA L. CLAEYS FAMILY FOUNDATION, INC.**FILED**
Apr 16, 2015
Secretary of State
CC7655666350**Current Principal Place of Business:**125 WORTH AVENUE STE 330
PALM BEACH, FL 33480**Current Mailing Address:**125 WORTH AVENUE STE 330
PALM BEACH, FL 33480**FEI Number: 27-0937135****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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	V
Name	CLAEYS, JEROME J
Address	125 WORTH AVENUE,STE. 330
City-State-Zip:	PALM BEACH FL 33480

Title	PCDS
Name	CLAEYS, BARBARA L
Address	125 WORTH AVENUE,STE. 330
City-State-Zip:	PALM BEACH FL 33480

Title	T
Name	RAYMOND, JOHN JJR
Address	125 WORTH AVENUE,STE. 330
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	CLAEYS, JEROME JIII
Address	125 WORTH AVENUE,STE. 330
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	CLAEYS, ELIZABETH A
Address	125 WORTH AVENUE,STE. 330
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	CLAEYS, MATTHEW J
Address	125 WORTH AVENUE,STE. 330
City-State-Zip:	PALM BEACH FL 33480

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: JOHN J. RAYMOND JR.**T****04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date