

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007415

**Entity Name:** JEROME J. CLAEYS III AND BARBARA L. CLAEYS FAMILY FOUNDATION, INC.**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**9452194668CC****Current Principal Place of Business:**251 ROYAL PALM WAY  
215  
PALM BEACH, FL 33480**Current Mailing Address:**251 ROYAL PALM WAY  
215  
PALM BEACH, FL 33480 US**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 251 ROYAL PALM WAY  
215  
City-State-Zip: PALM BEACH FL 33480Title T  
Name RAYMOND, JOHN JJR  
Address 251 ROYAL PALM WAY  
215  
City-State-Zip: PALM BEACH FL 33480Title D  
Name CLAEYS, JEROME JIII  
Address 251 ROYAL PALM WAY  
215  
City-State-Zip: PALM BEACH FL 33480Title D  
Name CLAEYS, ELIZABETH A  
Address 251 ROYAL PALM WAY  
215  
City-State-Zip: PALM BEACH FL 33480Title D  
Name CLAEYS, MATTHEW J  
Address 251 ROYAL PALM WAY  
215  
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****06/29/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date