

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001585

**Entity Name:** JMZ CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

2300 NW CORPORATE BLVD  
SUITE 241  
BOCA RATON, FL 33431

**Current Mailing Address:**

2300 NW CORPORATE BLVD  
SUITE 241  
BOCA RATON, FL 33431 US

**FEI Number: 46-4839468**

**Certificate of Status Desired: No**

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

ADAMS, FRANK T ESQ.  
550 BILTMORE WAY, SUITE 810  
CORAL GABLES, FL 33134 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, PRESIDENT  
Name ZACHS, JUDITH M  
Address 20090 BOCA WEST DRIVE, #342  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name ADAMS, FRANK T  
Address 550 BILTMORE WAY  
SUITE 810  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name GELBER, CLIFFORD S  
Address 2300 NW CORPORATE BLVD., SUITE  
241  
City-State-Zip: BOCA RATON FL 33431

*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: FRANK T. ADAMS**

**DIRECTOR**

**01/12/2015**

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

\_\_\_\_\_  
Date