he above named entit	y submits this statement f	or the purpose of chang	ina its reaistered office	or registered agent.	or both. in the State	of Florida

The la.

# Electronic Signature of Registered Agent

**Officer/Director Detail :** 

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Title т Title т Name GREEN, LOUIS Name GREEN, OLIVER Address 2700 DATE PALM ROAD Address 170 NE 2 ST #1567 City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33429 Title Т Title т GREEN, ANNE Name Name GREEN, CARL WENSTRUP Address 2700 DATE PALM ROAD Address 2700 DATE PALM ROAD City-State-Zip: BOCA RATON FL 33432

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. 02/03/2021 Т

SIGNATURE: OLIVER GREEN

Entity Name: LOUIS AND ANNE GREEN FAMILY FOUNDATION, INC.

## **Current Principal Place of Business:**

2700 DATE PALM ROAD BOCA RATON, FL 33432

#### **Current Mailing Address:**

DOCUMENT# N1500000111

2700 DATE PALM ROAD BOCA RATON. FL 33432 US

#### FEI Number: 31-6087315

### Name and Address of Current Registered Agent:

GREEN, LOUIS 2700 DATE PALM ROAD BOCA RATON, FL 33432 US



Date

Certificate of Status Desired: No

City-State-Zip: BOCA RATON FL 33432

Date