

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000004342

Entity Name: THE LAWRENCE AND ELLEN MACKS FAMILY FOUNDATION OF FLORIDA, INC.**FILED**
Feb 01, 2024
Secretary of State
2906269293CC**Current Principal Place of Business:**1110 PINE RIDGE ROAD
SUITE 200
NAPLES, FL 34108**Current Mailing Address:**1110 PINE RIDGE ROAD
SUITE 200
NAPLES, FL 34108 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PONTING, WENDY
1110 PINE RIDGE ROAD, STE 200
NAPLES, FL 34108 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: WENDY PONTING****02/01/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KEESLER, EILEEN CONNOLLY-
Address C/O THE COMMUNITY FOUNDATION
 OF COLLIER COUNTY INC
 1110 PINE RIDGE ROAD SUITE 200
City-State-Zip: NAPLES FL 34108

Title SECRETARY
Name MACKS, ELLEN A
Address 5811 PELICAN BAY BLVD., STE. 650
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name TOM, OLIVERI
Address C/O THE COMMUNITY FOUNDATION
 OF COLLIER COUNTY INC
 1110 PINE RIDGE ROAD SUITE 200
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name WARSAL, PHILLIP
Address 1110 PINE RIDGE ROAD
 SUITE 200
City-State-Zip: NAPLES FL 34108

Title TREASURER
Name MACKS, LAWRENCE M
Address 5811 PELICAN BAY BLVD., STE. 650
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name PAUL, JOHN
Address C/O THE COMMUNITY FOUNDATION
 OF COLLIER COUNTY INC
 1110 PINE RIDGE ROAD SUITE 200
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name PONTING, WENDY
Address 1110 PINE RIDGE ROAD
 SUITE 200
City-State-Zip: NAPLES FL 34108

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: WENDY PONTING**DIRECTOR****02/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date