

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006542

**FILED**  
**Jan 16, 2024**  
**Secretary of State**  
**9661141862CC**

**Entity Name:** BERNICE ORKIN KAYE FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O ARLENE KAYE SILVER  
6586 DANIEL COURT  
FORT MYERS, FL 33908

**Current Mailing Address:**

C/O ARLENE KAYE SILVER  
6586 DANIEL COURT  
FORT MYERS, FL 33908 US

**FEI Number:** 65-0731909

**Certificate of Status Desired:** No

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

SILVER, ARLENE KAYE  
C/O ARLENE KAYE SILVER  
6586 DANIEL COURT  
FORT MYERS, FL 33908 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:** ARLENE KAYE SILVER

01/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MILLENDER, BRIAN R.  
Address C/O ARLENE KAYE SILVER  
6586 DANIEL COURT  
City-State-Zip: FORT MYERS FL 33908

Title D  
Name SILVER, ARLENE K  
Address 6586 DANIEL CT  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name MILLENDER, LANCE K  
Address C/O ARLENE KAYE SILVER  
6586 DANIEL COURT  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name SILVER, KEITH MICHAEL  
Address C/O ARLENE KAYE SILVER  
6586 DANIEL COURT  
City-State-Zip: FORT MYERS FL 33908

*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:** KEITH M. SILVER

**DIRECTOR**

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date