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Jan 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733330 (5)
1. Corporation Name

HEVRA KADDISHA OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

% ROBERT BOSSIN
8215 SUTTON PLACE N.
JACKSONVILLE FL 32217
US

% ROBERT BOSSIN
8215 SUTTON PLACE N.
JACKSONVILLE FL 32217-4479
US

3. Date Incorporated or Qualified
07/17/1975

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1636395

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSSIN, ROBERT
8215 SUTTON PLACE
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME SANDLER, NATHAN
STREET ADDRESS 2246 SEGOVIA AVE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV DELETE
NAME GRANN, IRA
STREET ADDRESS 12446 MESA VERDE TRAIL
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V DELETE
NAME BENWICK, LAURIE
STREET ADDRESS 9252 SAN JOSE BLVD #1104
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME BERMAN, HARRY
STREET ADDRESS 2977 STARSHINE CIRCLE
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPDT DELETE
NAME BOSSIN, ROBERT
STREET ADDRESS 8215 SUTTON PLACE N
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE Change Addition
5.2 NAME BOSSIN
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Bossin Robert BOSSIN 1/2/97 904-733-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005683

CR2E037 (9/96)