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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733330

1. Corporation Name
HEVRA KADDISHA OF JACKSONVILLE, INC.

Principal Place of Business C/O ROBERT BOSSEN 8215 SUTTON PLACE N. JACKSONVILLE FL 32217 US	Mailing Address C/O ROBERT BOSSEN 8215 SUTTON PLACE N. JACKSONVILLE FL 32217 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/17/1975
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1636395
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Zip	30. Zip	

9. Name and Address of Current Registered Agent

BOSSEN, ROBERT
8215 SUTTON PLACE
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SANDLER, NATHAN	
STREET ADDRESS	2246 SEGOVIA AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	OV	<input type="checkbox"/> DELETE
NAME	GRANN, IRA	
STREET ADDRESS	12446 MESA VERDE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENWICK, LAURIE	
STREET ADDRESS	9252 SAN JOSE BLVD #1104	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERMAN, HARRY	
STREET ADDRESS	2977 STARSHINE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPDT	<input type="checkbox"/> DELETE
NAME	BOSSEN, ROBERT	
STREET ADDRESS	8215 SUTTON PLACE N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	BS	<input type="checkbox"/> DELETE
NAME	NATHAN	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DS NAOMIE BOSSEN
6.3 STREET ADDRESS	8215 SUTTON PL, N.
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32217

14. I 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 904-733-0881
 Date Daytime Phone #

CR2E037 (11/98)