FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N48944** **(5)**

1. Corporation Name

JACKSONVILLE HEBREW ACADEMY, INC.

Principal Place of Business	Mailing Address
10167 SAN JOSE BLVD. JACKSONVILLE FL 32257	10167 SAN JOSE BLVD. JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: **05/15/1992**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-0931261** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

BERNARD, RICHARD I.
10167 SAN JOSE BLVD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: KADISH, SANFORD
82 Street Address (P.O. Box Number is Not Acceptable): 9897 MERLIN DR. E.
83:
84 City: JACKSONVILLE **FL** 85 Zip Code: 32257

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: Sanford Kadish — SANFORD KADISH, PRESIDENT — 1/24/96
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	PD	☑ DELETE	1.1 TITLE	PRESIDENT D	☑ Change ☐ Addition
NAME	KAPLAN, LOUIS		1.2 NAME	CRAFTON, ARTHUR	
STREET ADDRESS	10167 SAN JOSE BLVD.		1.3 STREET ADDRESS	10294 BEAR VALLEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KADISH, SANFORD		2.2 NAME		
STREET ADDRESS	9897 MERLIN DR E		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAFF, JAY		3.2 NAME		
STREET ADDRESS	2901 CABALLERO DR N		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	STD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERNARD, RICHARD I.		4.2 NAME		
STREET ADDRESS	3033 HALEY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	600001731506	
TITLE		☐ DELETE	5.1 TITLE	-03/04/96--01126--009	☐ Change ☐ Addition
NAME			5.2 NAME	***61.25	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] ARTHUR CRAFTON 1/24/96 260-1507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 3-4-96