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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 3225710167 SAN JOSE BLVD.
JACKSONVILLE FL 32257-5837

3. Date Incorporated or Qualified

05/15/1992

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-0931261

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KADISH, SANFORD
9897 MERLIN DR E
JACKSONVILLE FL 32257

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	PD	☐ DELETE
NAME	CRAFTON, ARTHUR	
STREET ADDRESS	10284 BEAR VALLEY RD	
CITY - ST - ZIP	JACKSONVILLE FL 32257	

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

TITLE	VD	☐ DELETE
NAME	KADISH, SANFORD	
STREET ADDRESS	9897 MERLIN DR E	
CITY - ST - ZIP	JACKSONVILLE FL	

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

TITLE	D	☐ DELETE
NAME	GRAFF, JAY	
STREET ADDRESS	2901 CABALLERO DR N	
CITY - ST - ZIP	JACKSONVILLE FL	

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

TITLE	STD	☒ DELETE
NAME	BERNARD, RICHARD I.	
STREET ADDRESS	3033 HALEY LANE	
CITY - ST - ZIP	JACKSONVILLE FL	

4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	PRESIDENT
4.3 STREET ADDRESS	DAVID LEVINE
4.4 CITY - ST - ZIP	2942 BRADMAR DR JACKSONVILLE FL 32257

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
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:

David Levine

PROVIDED

DAVID LEVINE

1/8/97

353-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)