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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KADISH, SANFORD
9897 MERLIN DR E
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: KEN JACOBSON
82 Street Address (P.O. Box Number Is Not Acceptable): 3345 PICADILLY LANE
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: Ken Jacobson KEN JACOBSON 1/14/98
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	SAD VICE PRESIDENT/VD	☐ Change ☒ Addition
NAME	CRAFTON, ARTHUR		1.2 NAME	HERRAY HUSNEY	
STREET ADDRESS	10294 BEAR VALLEY RD		1.3 STREET ADDRESS	8425 CANADE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217	
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	P	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	LEVINE, DAVID		4.2 NAME	LEVINE DAVID	
STREET ADDRESS	2948 BRAEMAR DR		4.3 STREET ADDRESS	2948 BRAEMAR DR	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
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 (10/97)

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.

SIGNATURE: David A Levine David A. Levine 1/13/98 904-3533694