

FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005882 (4)**  
1. Corporation Name  
**THE ELISE BEAR AND WILLIAM D. POLLAK FAMILY CHARITABLE FOUNDATION, INC.**



Principal Place of Business <b>3335 CHANTARENE DR PENSACOLA FL 32507</b>	Mailing Address <b>3335 CHANTARENE DR PENSACOLA FL 32507-3548</b>
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3. Date Incorporated or Qualified <b>12/14/1995</b>	3a. Date of Last Report <b>03/26/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-3352837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**POLLAK, LEWIS B SR  
3335 CHANTARENE DR  
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent  
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 Lewis B. Pollak Sr DATE 3/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAK, LEWIS B</b>	1.2 NAME	
STREET ADDRESS	<b>3335 CHANTARENE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAK, BRENDA B</b>	2.2 NAME	
STREET ADDRESS	<b>3335 CHANTARENE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAK, LEWIS B JR</b>	3.2 NAME	
STREET ADDRESS	<b>5296 WILSON MILLS RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RICHMOND HEIGHTS OH 44143</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAK, WILLIAM D. II</b>	4.2 NAME	
STREET ADDRESS	<b>2189 KEATS DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLLAK, KAREN E</b>	5.2 NAME	
STREET ADDRESS	<b>6228 MARY KITCHENS RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lewis B. Pollak Sr DATE: 3/11/97 AND 457 1174

CR2E037 (9/96)