


FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3335 CHANTARENE DR PENSACOLA FL 32507	Mailing Address 3335 CHANTARENE DR PENSACOLA FL 32507
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3. Date Incorporated or Qualified 12/14/1995	
4. FEI Number 59-3352837	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 6730 Epping Forrest Way Suite, Apt. #, etc. #107 City & State Jacksonville, FL Zip 32217 Country U.S.A.	2a. Mailing Address 26 6730 Epping Forrest Way Suite, Apt. #, etc. #107 City & State Jacksonville, FL Zip 32217 Country U.S.A.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DPT	
NAME	POLLAK, LEWIS B	
STREET ADDRESS	3335 CHANTARENE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DPT	
NAME	POLLAK, BRENDA B	
STREET ADDRESS	3335 CHANTARENE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	DPT	
NAME	POLLAK, LEWIS B JR	
STREET ADDRESS	5206 WILSON MILLS RD	
CITY-ST-ZIP	RICHMOND HEIGHTS OH 44143	
TITLE	D	
NAME	POLLAK, WILLIAM D. II	
STREET ADDRESS	2189 KEATS DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	
NAME	POLLAK, KAREN E	
STREET ADDRESS	6228 MARY KITCHENS RD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.* **3/9/98** **850 457-1174**

CR2E037 (10/97)