NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005882

1. Corporation Name

THE ELISE BEAR AND-WILLIAM D. POLLAK FAMILY CHAR **ITABLE FOUNDATION, INC.**

Principal Place	of Business	Mailing Address			
6730 EPPING FORREST WAY		6730 EPPING FORREST WAY		T REPLANDA DER FRANK DENKA DER FRANK DER	
#107		#107			
JACKSONVILLE FL 32217		JACKSONVILLE FL 32217		I SENSITED BIR IDIRI BIRK BOTH ERHI DENY BOTH BEYOR ATTER LANGE JERIN 1982 II	661
us		US			
<u></u>	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21 26			12/14/1995		
Suite, Apt. #, etc.			4. FEI Number Applied Fo		
22 27			59-3352837 Not Applic		
City & State City & State				5. Certificate of Status Desired 5. Fee Required	al .
23 28					
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be	
24	25	29 3	0	Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				EWIS B. POILAX SR.	
POLLAK, LEWIS B SR			82 Stre	reet Address (P.O. Box Number is Not Acceptable) WAY N. #10	17
3335 CHANTARENE DR			83	6130 Epping Joiest William	, /
PENSACOLA FL 32507			03	· · · · · · · · · · · · · · · · · · ·	
			84 City	TY JACKSON VILL FL 85 32097	,
44 December the provisions of Sections 647 0503 and 647 1508. Florida Statutes, the above-pared composition 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, infereby accept the appointment as registered.					1
agent. I am familiar with, and accept the obligations of, Section 617.0503, Editida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Agent signatu	ature required when reinstating) DATE	-
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	DPT	☐ DELETE	1.1 TITLE	ZChange □ A	ddition
NAME	POLLAK, LEWIS B		1.2 NAME		
STREET ADDRESS	3335 CHANTARENE DR		1.3 STREET ADDRES	RESS 6730 EPPING FOREST WAYN. #1	<i>0</i> 7
CITY-ST-ZIP	PENSACOLA FL 32507	•	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DPT	☐ DELETE	2.1 TITLE	RESS 6730 EPPING FOR OST WAYN. #1 Jacksonville Fl 32217 Ochange A	ddition
NAME	POŁLAK, BRENDA B		2.2 NAME		
STREET ADDRESS	3335 CHANTARENE DR		2.3 STREET ADDRE	RESS 6730 Epping Forest WHY N. 1410	Ι,
CITY-ST-ZIP	PENSACOLA FL 32507		2.4 CITY+ST-ZIP	T	
TITLE	DPT		3.1 TITLE	. ⊠Change □ A	ddition
NAME	POLLAK, LEWIS B JR		3.2 NAME	1	
STREET ADDRESS	5296 WILSON MILLS RD	- 1	3.3 STREET ADDRE	RESS 1879 MIDDICTON ROAD	
CITY-ST-ZIP	RICHMOND HEIGHTS OH 44143		3.4. CITY-ST-ZIP	il - he skippe	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ A	ddition
NAME	! •		4.2 NAME		
	POLLAK, WILLIAM D. II		4.3 STREET ADDRES	PECC .	
STREET ADDRESS	2189 KEATS DR		4.5 STREET ADDRES	new	
CITY-ST-ZIP	PENSACOLA FL	☐ DELETE	5.1 TITLE	Change DA	vidition
· · · · · ·	D COLLAR MADEN E		5.2 NAME		
NAME	POLLAK, KAREN E		5.3 STREET ADORE	RESS 625/	
STREET ADDRESS	6228 Mary Kitchens RD		J.S STREET ALTURE	(DAT)	

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

MILTON FL 32583

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

πLE

NAME

Addition

___ Change

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90090 043 ****61.25