


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005882 1. Entity Name THE ELISE BEAR AND WILLIAM D. POLLAK FAMILY CHARITABLE FOUNDATION, INC.	
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Principal Place of Business 6730 EPPING FORREST WAY #107 JACKSONVILLE, FL 32217 US	Mailing Address 6730 EPPING FORREST WAY #107 JACKSONVILLE, FL 32217 US
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DO NOT WRITE IN THIS SPACE



01212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3352837 Applied Not App

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POLLAK, LEWIS B SR
 6730 EPPING FOREST WAY N.
 #107
 JACKSONVILLE, FL 32217

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and understand, the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLLAK, LEWIS B 6730 EPPING FOREST WAY N. #107 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLLAK, BRENDA B 6730 EPPING FOREST WAY N. #107 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLLAK, LEWIS B JR 3727 CATHEDRAL COVE ROAD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, WILLIAM D. II 2189 KEATS DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, KAREN E 6251 MARY KITCHENS RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/06-80021-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like employees.

Lewis B. Pollak