

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005882

FILED
Jan 30, 2009
Secretary of State

Entity Name: THE ELISE BEAR AND WILLIAM D. POLLAK FAMILY CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

6730 EPPING FORREST WAY
#107
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6730 EPPING FORREST WAY
#107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3352837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: POLLAK, LEWIS B
Address: 6730 EPPING FOREST WAY N. #107
City-St-Zip: JACKSONVILLE, FL 32217

Title: DPT () Delete
Name: POLLAK, BRENDA B
Address: 6730 EPPING FOREST WAY N. #107
City-St-Zip: JACKSONVILLE, FL 32217

Title: DPT () Delete
Name: POLLAK, LEWIS B JR
Address: 1605 INK BERRY
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: POLLAK, WILLIAM D. II
Address: 2189 KEATS DR
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: POLLAK, KAREN E
Address: 6251 MARY KITCHENS RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWIS B. POLLAK SR.

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date