

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002585

FILED
Mar 30, 2006
Secretary of State

Entity Name: ERUV OF JACKSONVILLE, INC.

Current Principal Place of Business:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3580158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BLDG 100
JACKSONVILLE, FL 32256 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: PDST () Delete
Name: JAFFA, JAMES
Address: 9000 CYPRESS GREEN DRIVE #102-B
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVP () Delete
Name: MIZRAHI, AMY
Address: 9000 CYPRESS GREEN DRIVE #102-B
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS () Delete
Name: MOTI, DEMRI
Address: 3443 CHRYSTER DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP () Delete
Name: LEE, CAROLINE
Address: 9000 CYPRESS GREEN DRIVE #102-B
City-St-Zip: JACKSONVILLE, FL 32256

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES JAFFA

PDST

03/30/2006

Electronic Signature of Signing Officer or Director

_____ Date