

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 20, 2008  
Secretary of State

DOCUMENT# N99000002585

Entity Name: ERUV OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

11150-4 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223

**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:**

ANSBACHER & SCHNEIDER, PA  
5150 BELFORT ROAD  
BLDG 100  
JACKSONVILLE, FL 32256 US

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: ANSBACHER & SCHNEIDER, PA

02/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: JAFFA, JAMES  
Address: 11150-4 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DVP ( ) Delete  
Name: MIZRAHI, AMY  
Address: 11150-4 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223

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

Title: DVP ( ) Delete  
Name: LEE, CAROLINE  
Address: 11150-4 SAN JOSE BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32223

**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 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

P

02/20/2008

Electronic Signature of Signing Officer or Director

Date