

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718216

**Entity Name:** ETZ CHAIM SYNOGOGUE

**Current Principal Place of Business:**

10167 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10167 SAN JOSE BLVD.  
JACKSONVILLE, FL 32257

**FEI Number:** 59-0931261

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SHAPIRO, STEVEN  
10167 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD, PRESIDENT  
Name ROBBINS, DAVID  
Address 233 E BAY ST  
SUITE 1125  
City-State-Zip: JACKSONVILLE FL 32202

Title VP, TREASURER  
Name SHAPIRO, STEVEN  
Address 10004 HALEY RD  
City-State-Zip: JACKSONVILLE FL 32257

Title VP, HOUSE  
Name HERRING, MIKE  
Address 2966 MANDARIN HOLLOW DR  
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY  
Name ACKERMAN, SCOTT  
Address 4072 ALHAMBRA DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32207

Title VP, FUNDRAISING  
Name PERLMAN, GARY  
Address 8179 HOLLYRIDGE ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title VP PROGRAMMING  
Name FELDMAN, ED  
Address 10279 BEAR VALLEY RD.  
City-State-Zip: JACKSONVILLE FL 32257

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN SHAPIRO

**VP TREASURER**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date