

2018 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: No

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
Name ACKERMAN MD, SCOT
Address 4072 ALHAMBRA DR, WEST
City-State-Zip: JACKSONVILLE FL 32207

Title VPD
Name ROBBINS, DAVID
Address 6900 ALMOURS DR
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name ROSENBAUM, ELLIOTT
Address 3113 CORNELIA DR
City-State-Zip: JACKSONVILLE FL 32257

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

Title SECRETARY, DIRECTOR
Name PEARL, RISE
Address 3067 CORNELIA DR
City-State-Zip: JACKSONVILLE FL 32257

Title VP, DIRECTOR
Name JAFFA, JAMES
Address 2823 EVERCHARM PL
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

TREASURER

03/20/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date