

2021 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
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	VP, TREASURER
Name	SHAPIRO, STEVEN
Address	10004 HALEY RD
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP, HOUSE
Name	JAFFA, JAMES
Address	2823 EVERCHARM PL
City-State-Zip:	JACKSONVILLE FL 32257

Title	SECRETARY
Name	JAFFA, SYLVIA
Address	2801 SYLVAN LANE NORTH
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP, FUNDRAISING
Name	CHEFER, BARRY
Address	2868 EVERCHARM PLACE
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 FINANCE****04/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date