2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500001311

Entity Name: JFCS CHARITIES, INC.

Current Principal Place of Business:

6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217-5582

Current Mailing Address:

6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217-5582

FEI Number: 57-1214850

Name and Address of Current Registered Agent:

ANSBACHER, LAWRENCE V 5150 BELFORT RD., BLDG.100 BELFORT ROAD SOUTH PROFESSIONAL PARK JACKSONVILLE, FL 32256-6010 US

FILED Feb 26, 2013 Secretary of State CC9512142253

Certificate of Status Desired: No

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

Officer/Director Detail ·

Officer/Director Detail :				
Title	DIRECTOR	Title	PRESIDENT	
Name	CAPLAN, HOWARD	Name	KEMPNER, FRANCINE	
Address	6261 DUPONT STATION COURT EAST	Address	6261 DUPONT STATION COURT EAST	
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217-5582	
Title	SECRETARY	Title	STD	
Name	HARRIS, TOM	Name	HARRIS, TOM	
Address	6261 DUPONT STATION COURT EAST	Address	6261 DUPONT STATION COURT EAST	
City-State-Zip:	JACKSONVILLE FL 32217-5582	City-State-Zip:	JACKSONVILLE FL 32217-5582	
Title	ED	Title	CONTROLLER	
Name	RODRIGUEZ, COLLEEN	Name	PINEDA, ARMANDO F	
Address	6261 DUPONT STATION COURT EAST	Address	6261 DUPONT STATION COURT EAST	
City-State-Zip:	JACKSONVILLE FL 32217-5582	City-State-Zip:	JACKSONVILLE FL 32217-5582	
Title	VP	Title	VP	
Name	ULLMAN, GLENN	Name	LUFRANO, ANNE	
Address	6261 DUPONT STATION CT	Address	6261 DUPONT STATION CT	
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKSONVILLE FL 32217	

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: ARMANDO F. PINEDA

CONTROLLER

02/26/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date