

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005882

**Entity Name:** THE ELISE BEAR AND WILLIAM D. POLLAK FAMILY CHARITABLE FOUNDATION, INC.

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**2643460864CC**

**Current Principal Place of Business:**

3112 BRITTANY PLACE  
PENSACOLA, FL 32504

**Current Mailing Address:**

PO BOX 11128  
PENSACOLA, FL 32524 US

**FEI Number: 59-3352837**

**Certificate of Status Desired: No**

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

POLLAK, WILLIAM D II  
3112 BRITTANY PLACE  
PENSACOLA, FL 32504 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: WILLIAM D POLLAK II**

**02/12/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name POLLAK, LEWIS B  
Address 6730 EPPING FOREST WAY N. #107  
City-State-Zip: JACKSONVILLE FL 32217

Title S  
Name POLLAK, BRENDA B  
Address 6730 EPPING FOREST WAY N. #107  
City-State-Zip: JACKSONVILLE FL 32217

Title P  
Name POLLAK, LEWIS B JR.  
Address 6514 NE 191ST STREET  
City-State-Zip: KENMORE WA 98028

Title T  
Name POLLAK, WILLIAM D II  
Address 3112 BRITTANY PLACE  
City-State-Zip: PENSACOLA FL 32504

Title VP  
Name POLLAK, KAREN E  
Address 6251 MARY KITCHENS RD  
City-State-Zip: MILTON FL 32583

*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: WILLIAM D POLLAK II**

**TREASURER**

**02/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date