

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002585

**Entity Name:** ERUV OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

11150-4 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32255

**FEI Number: 59-3580158**

**Certificate of Status Desired: No**

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

ANSBACHER & SCHNEIDER, PA  
5150 BELFORT ROAD  
BLDG 100  
JACKSONVILLE, FL 32256 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 PDST  
Name JAFFA, JAMES  
Address 11150-4 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32223

Title VPD  
Name MIZRAHI, AMY  
Address 11150-4 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32223

Title DS  
Name MOTI, DEMRI  
Address 3443 CHRYSLER DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title DVP  
Name LEE, CAROLINE  
Address 11150-4 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32223

*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: JAMES JAFFA**

**P**

**02/18/2016**

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

\_\_\_\_\_  
Date