

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733330

FILED
Jan 13, 2006
Secretary of State

Entity Name: HEVRA KADDISHA OF JACKSONVILLE, INC.

Current Principal Place of Business:

C/O ROBERT BOSSEN
8215 SUTTON PLACE N.
JACKSONVILLE, FL 32217 US

Current Mailing Address:

C/O ROBERT BOSSEN
8215 SUTTON PLACE N.
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

C/O ROBERT BOSSEN
8215 SUTTON PLACE, N.
JACKSONVILLE, FL 32217 US

New Mailing Address:

C/O ROBERT BOSSEN
8215 SUTTON PLACE, N.
JACKSONVILLE, FL 32217 US

FEI Number: 59-1636395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSSEN, ROBERT
8215 SUTTON PLACE
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BOSSEN, ROBERT
8215 SUTTON PLACE, N
JACKSONVILLE, FL 32217 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: ROBERT H. BOSSEN

01/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SANDLER, NATHAN
Address: 2246 SEGOVIA AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP () Delete
Name: KUPPERMAN, FRED
Address: 8339 DAFFIN LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPDT () Delete
Name: BOSSEN, ROBERT
Address: 8215 SUTTON PLACE N
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: BOSSEN, NAOMIE
Address: 8215 SUTTON PL N
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT H. BOSSEN

VPDT

01/13/2006

Electronic Signature of Signing Officer or Director

Date