

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 733330

1. Entity Name
HEVRA KADDISHA OF JACKSONVILLE, INC.



Principal Place of Business
C/O ROBERT BOSSEN
8215 SUTTON PLACE, N.
JACKSONVILLE, FL 32217 US

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



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1636395

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOSSEN, ROBERT
8215 SUTTON PLACE, N
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANDLER, NATHAN
STREET ADDRESS	2246 SEGOVIA AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	DVP
NAME	KUPPERMAN, FRED
STREET ADDRESS	8339 DAFFIN LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	VPDT
NAME	BOSSEN, ROBERT
STREET ADDRESS	8215 SUTTON PLACE N
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	DS
NAME	BOSSEN, NAOMIE
STREET ADDRESS	8215 SUTTON PL N
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000769610
07/19/07-80009-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. BOSSEN

7/10/07 904-733-0881
Date Daytime Phone #