

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733330

FILED  
Jul 31, 2008  
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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1636395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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

**OFFICERS AND DIRECTORS:**

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

Title: DVP (X) 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 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

07/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date