

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733330

**FILED**  
**Feb 08, 2011**  
**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 ( )**

**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  
Name: SANDLER, NATHAN  
Address: 2246 SEGOVIA AVE  
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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: ROBERT BOSSEN

VPDT

02/08/2011

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

\_\_\_\_\_  
Date