FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739904** **(1)**

1. Corporation Name

JACKSONVILLE JEWISH FEDERATION, INC.

Principal Place of Business	Mailing Address
8505 SAN JOSE BLVD. JACKSONVILLE FL 32217	8505 SAN JOSE BLVD. JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/15/1977**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-0637864** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARGOLIES, ALAN
8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	11 TITLE		☐ Change ☐ Addition
NAME	ALAN MARGOLIES	12 NAME		
STREET ADDRESS	8505 SAN JOSE BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	D	☒ Change ☐ Addition
NAME	M. DAVID EPSTEIN	22 NAME		
STREET ADDRESS	2750 FOREST CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	D	☒ Change ☐ Addition
NAME	MATTHEW EDELMAN	32 NAME		
STREET ADDRESS	3313 CARLSBAD TRAIL	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	D	☒ Change ☐ Addition
NAME	RICHARD SISISKY	42 NAME		
STREET ADDRESS	7015 WENSLEY WAY	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP		
TITLE	PP	51 TITLE	D	☒ Change ☐ Addition
NAME	JOAN LEVIN	52 NAME		
STREET ADDRESS	2315 MILLER OAKS DR. N.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	D	☒ Change ☐ Addition
NAME	SILVERMAN, STEPHEN	62 NAME		
STREET ADDRESS	3673 CATHEDRAL OAKS PL SO	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M David Epstein 4/13/95 904/448-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
M. David Epstein

0025731