

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **739904** (1)

1. Corporation Name

JACKSONVILLE JEWISH FEDERATION, INC.

Principal Place of Business

**8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

Mailing Address

**8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217**



3. Date Incorporated or Qualified

08/15/1977

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARGOLIES, ALAN
8505 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500001797435

83

-04/29/96--01020--014

84 City

*****61.25**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	ALAN MARGOLIES	
STREET ADDRESS	8505 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	M. DAVID EPSTEIN	
STREET ADDRESS	2750 FOREST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATTHEW EDELMAN	
STREET ADDRESS	3313 CARLSBAD TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD SISISKY	
STREET ADDRESS	7015 WENSLEY WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	JOAN LEVIN	
STREET ADDRESS	2315 MILLER OAKS DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVERMAN, STEPHEN	
STREET ADDRESS	3673 CATHEDRAL OAKS PL SO	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr Kenneth Sekine	
1.3 STREET ADDRESS	2648 Beauclerc Rd	
1.4 CITY-ST-ZIP	Jacksonville FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Donziger	
2.3 STREET ADDRESS	8638 Phillips Hwy #3	
2.4 CITY-ST-ZIP	Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Korn	
3.3 STREET ADDRESS	6620 Southpoint Dr S #316	
3.4 CITY-ST-ZIP	Jacksonville FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Susan Eaglstein	
4.3 STREET ADDRESS	2628 Tacito Trail	
4.4 CITY-ST-ZIP	Jacksonville FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dr Scot Ackerman	
5.3 STREET ADDRESS	8007 Whisper Lake Lane E	
5.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Susan Eaglstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/96 (904) 448-5000

Daytime Phone #

CR2E037 (12/95)