


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 739904 (1)

1. Corporation Name
JACKSONVILLE JEWISH FEDERATION, INC.

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| Principal Place of Business 8505 SAN JOSE BLVD. JACKSONVILLE FL 32217 | Mailing Address 8505 SAN JOSE BLVD. JACKSONVILLE FL 32217-4225 |
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|---|--|----------------------------------|--|--|--|--|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 08/15/1977 | | 3a. Date of Last Report 04/26/1996 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-0637864 | | Applied For Not Applicable | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | M <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALAN MARGOLIES | 1.2 NAME | |
| STREET ADDRESS | 8505 SAN JOSE BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEKINE, KENNETH DR | 2.2 NAME | |
| STREET ADDRESS | 2848 BEAUCLERC RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KORN, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 6620 SOUTHPPOINT DR. S #316 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONZIGER, MICHAEL | 4.2 NAME | |
| STREET ADDRESS | 8638 PHILLIPS HWY #3 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | 4.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EAGLSTEIN, SUSAN | 5.2 NAME | |
| STREET ADDRESS | 2628 TACITO TR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SILVERMAN, STEPHEN | 6.2 NAME | |
| STREET ADDRESS | 3673 CATHEDRAL OAKS PL SO | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Treasurer April 15, 1997 (904) 448-5000

CR2E037 (9/96)