


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 08/15/1977			
4. FEI Number 59-0637864			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. 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 Signature, typed or printed name of registered agent and title if applicable. (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEKINE, KENNETH DR	2.2 NAME	
STREET ADDRESS	2648 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 SOUTHPOINT 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	8838 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	2828 TACHO 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 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 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:

[Signature]

3/30/98

(904) 448-5000

CR2E037 (10/97)