

DOCUMENT # 739904

1. Entity Name

JACKSONVILLE JEWISH FEDERATION, INC.

Principal Place of Business

Mailing Address

8505 SAN JOSE BLVD.  
JACKSONVILLE FL 322178505 SAN JOSE BLVD.  
JACKSONVILLE FL 32217-4225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0637864

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGOLIES, ALAN  
8505 SAN JOSE BLVD.  
JACKSONVILLE FL 32217

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Delete
NAME	ALAN MARGOLIES	
STREET ADDRESS	8505 SAN JOSE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SEKINE, KENNETH DR	
STREET ADDRESS	2648 BEAUCLERC RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ackerman, Scot Dr	
STREET ADDRESS	4072 Alhambra Dr W.	
CITY-ST-ZIP	Jacksonville FL 32207	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KORN, MICHAEL	
STREET ADDRESS	6620 SOUTHPPOINT DR. S #316	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DONZIGER, MICHAEL	
STREET ADDRESS	8638 PHILLIPS HWY #3	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benrubi, Guy Dr	
STREET ADDRESS	7950 Green Glade Rd	
CITY-ST-ZIP	Jacksonville FL 32256	

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EAGLSTEIN, SUSAN	
STREET ADDRESS	2628 TACITO TR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levine, Mitchell Dr	
STREET ADDRESS	12857 Bay Plantation Dr	
CITY-ST-ZIP	Jacksonville FL 32223	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, STEPHEN	
STREET ADDRESS	3673 CATHEDRAL OAKS PL SO	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gottlieb, Melvin	
STREET ADDRESS	3028 Forest Circle	
CITY-ST-ZIP	Jacksonville FL 32257	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Michael Korn

(904) 296-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)