


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90011 037 ****61.25

DOCUMENT # 739904 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-0637864				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIES, ALAN 8505 SAN JOSE BLVD. JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ALAN MARGOLIES 8505 SAN JOSE BLVD. JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, SCOTT DR 4072 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Parker, Debbie 8505 San Jose Blvd Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KORN, MICHAEL 6620 SOUTHPOINT DR. S #316 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENRUBI, GUY DR 7950 GREEN GLADE RD JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, MITCHELL DR 12857 BAY PLANTATION JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOTTLIEB, MELVIN 3028 FOREST CIRCLE JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Leslie Held 2214 Larida Ln Jacksonville, FL 32217	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2/27/07 9844485w

Attachment
24016014

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Jacksonville Jewish Federation

Continued

VD

Dr. Harris Rittenberg
11037 Riverport Drive E.
Jacksonville, FL 32223

VD

Stacie Wilf
3652 Cathedral Oaks Pl. W
Jacksonville, FL 32217

TD

Mark Shorstein
11045 Riverport Ct.
Jacksonville, FL 32223

SD

Judge Morton Kesler
9700 Philips Hwy, Ste 101
Jacksonville, FL 32256

D

Stephen Silverman
3673 Cathedral Oaks Pl. S
Jacksonville, FL 32217