

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90024 046 \*\*\*\*61.25

<b>DOCUMENT # 739904</b> 1. Entity Name <b>JACKSONVILLE JEWISH FEDERATION, INC.</b>					
Principal Place of Business <b>8505 SAN JOSE BLVD. JACKSONVILLE, FL 32217</b>			Mailing Address <b>8505 SAN JOSE BLVD. JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0637864</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARGOLIES, ALAN 8505 SAN JOSE BLVD. JACKSONVILLE, FL 32217</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALAN MARGOLIES	NAME			
STREET ADDRESS	8505 SAN JOSE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARKER, DEBBIE	NAME			
STREET ADDRESS	8505 SAN JOSE BLVD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KORN, MICHAEL	NAME			
STREET ADDRESS	6620 SOUTHPOINT DR. S #316	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENRUBI, GUY DR	NAME			
STREET ADDRESS	7950 GREEN GLADE RD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, MITCHELL DR	NAME			
STREET ADDRESS	12857 BAY PLANTATION	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HELD, LESLIE	NAME			
STREET ADDRESS	2214 LARIDA LN	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b>		03/24/2005		904-448-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	