

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N12488**

1. Entity Name  
**JORDAN AND SHIRLEY ANSBACHER FAMILY  
FOUNDATION, INC.**



Principal Place of Business  
**3733 W. UNIVERSITY BLVD.  
SUITE 115-A  
JACKSONVILLE, FL 32217 US**

Mailing Address  
**3733 W. UNIVERSITY BLVD.  
SUITE 115-A  
JACKSONVILLE, FL 32217 US**



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2610694**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, MICHAEL N.  
5150 BELFORT RD  
BLDG 100  
JACKSONVILLE, FL 32256**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ANSBACHER, JORDAN  
STREET ADDRESS 2359 SEGOVIA AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D  
NAME ANSBACHER, BRIAN  
STREET ADDRESS 3352 S. MAIDEN VOYAGE CIR  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE STD  
NAME ANSBACHER, SHIRLEY  
STREET ADDRESS 2359 SEGOVIA AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D  
NAME COHEN, MICHELE  
STREET ADDRESS 2361 PLAYERS POND LANE  
CITY-ST-ZIP HERNDON, VA

TITLE D  
NAME HELMING, DONNA  
STREET ADDRESS 2988 BERNICE DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000176397  
01/10/05-80087-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. Ansbacher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 (904) 733-1202  
Date Daytime Phone #