2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N12488

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

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

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02132007 No Chg-NP CR2E037 (4/06)

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

ANSBACHER, JORDAN
3733 W. UNIVERSITY BLVD #115-A
JACKSONVILLE, FL 32217

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

Filing Fee is $61.25
Due by May 1, 2007

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	

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03/01/07-80052-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jordan Ansbacher 2/15/07 (904) 733-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #