


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 044 ****61.25

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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANSBACHER, JORDAN 3733 W. UNIVERSITY BLVD #115-A JACKSONVILLE, FL 32217		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 I 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 reissuing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ANSBACHER, JORDAN 2359 SEGOVIA AVENUE JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ANSBACHER, BRIAN 3352 S. MAIDEN VOYAGE CIR JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD ANSBACHER, SHIRLEY 2359 SEGOVIA AVENUE JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COHEN, MICHELE 2381 PLAYERS POND LANE HERNDON, VA	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HELMING, DONNA 2988 BERNICE DRIVE JACKSONVILLE, FL	
11. 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: <u>Jordan Ansbacher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Jan 11 2008</u> <small>Date Daytime Phone #</small>