

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30477

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** THE CONGREGATION AHAVATH CHESED, INC.

**Current Principal Place of Business:**

8727 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8727 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 59-0774176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROOK, DAVID  
8727 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POPPELL, JUDY  
Address: 1700 PARK TERR. E.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DVP ( ) Delete  
Name: ELINOFF, RON  
Address: 2811 SCOTT MILL ESTATES DR.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: P ( ) Delete  
Name: BRENNER, MICHAEL  
Address: 109 CALLEY COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete  
Name: KRENTZ, ADRIE  
Address: 2871 LAKE VISTA RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S ( ) Delete  
Name: ABRAM, DEBORAH  
Address: 6347 CHRISTOPHER CREEK RD E  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: POPPELL, JUDY  
Address: 1700 PARK TERRACE EAST  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DVP (X) Change ( ) Addition  
Name: WILKINSON, GARY  
Address: 8252 BAYTREE LANE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change ( ) Addition  
Name: EDWARDS, JEFF  
Address: 2409 COUNTY DOCK RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA PATRICK

AD

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date