


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90043 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000004230					
1. Corporation Name JACKSONVILLE JEWISH FOUNDATION, INC.					
Principal Place of Business 8505 SAN JOSE BLVD. JACKSONVILLE FL 32207			Mailing Address 8505 SAN JOSE BLVD. JACKSONVILLE FL 32207		



2. Principal Place of Business 21 4131 Sunbeam Rd.		2a. Mailing Address 26 4131 Sunbeam Rd.		3. Date Incorporated or Qualified 09/05/1995	
Suite, Apt. #, etc. 22 275		Suite, Apt. #, etc. 27 275		4. FEI Number 59-3343214	
City & State 23 JAX. Fla.		City & State 28 JAX. Fla.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32257		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BLVD., STE. 100 JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Michael Schneider**

1-11-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONZINGER, MICHAEL	1.2 NAME	Mel Gottlieb
STREET ADDRESS	8505 SAN JOSE BLVD.	1.3 STREET ADDRESS	4131 Sunbeam Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	JAX. Fla. 32257
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, MICHAEL	2.2 NAME	Mark Shorstein
STREET ADDRESS	11563 HIDDEN HARBOR WAY	2.3 STREET ADDRESS	11045 Riverport Ct.
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	JAX. Fla. 32223
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESSER, NEIL	3.2 NAME	Neil Presser
STREET ADDRESS	8505 SAN JOSE BLVD.	3.3 STREET ADDRESS	P.O. BOX 550507
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	JAX. Fla. 32255
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Elliott Horowitz
STREET ADDRESS		4.3 STREET ADDRESS	4131 Sunbeam Rd. Suite 275
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JAX. Fla. 32257
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** SIGNATURE REQUIRED

1-11-99 904-394-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)