

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004230

FILED
Jan 15, 2008
Secretary of State

Entity Name: JACKSONVILLE JEWISH FOUNDATION, INC.

Current Principal Place of Business:

4932 SUNBEAM RD
200
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 24847
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3343214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD. S.
JACKSONVILLE, FL 32256 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: T () Delete
Name: DONZINGER, MICHAEL
Address: 8638 PHILIPS HWY, STE 3
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: SCHNEIDER, MICHAEL
Address: 5150 BELFORT RD. S.
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES () Delete
Name: SHORSTEIN, MARK
Address: 11045 RIVERPORT CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: GOTTLIEB, MEL
Address: 4932 SUNBEAM RD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TRES () Delete
Name: PRESSER, NEIL
Address: 1845 COLWOOD CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: ED () Delete
Name: KEIFER, PAULETTE
Address: 4932 SUNBEAM RD STE 200
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 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: PAULETTE KEIFER

EX D

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date