

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005882

1. Entity Name

**THE ELISE BEAR AND WILLIAM D. POLLAK FAMILY
CHARITABLE FOUNDATION, INC.**



Principal Place of Business

**6730 EPPING FORREST WAY
#107
JACKSONVILLE, FL 32217 US**

Mailing Address

**6730 EPPING FORREST WAY
#107
JACKSONVILLE, FL 32217 US**

DO NOT WRITE IN THIS SPACE



01212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3352837

Applied
Not App

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLLAK, LEWIS B SR
6730 EPPING FOREST WAY N.
#107
JACKSONVILLE, FL 32217**

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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 understand, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLLAK, LEWIS B 6730 EPPING FOREST WAY N. #107 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLLAK, BRENDA B 6730 EPPING FOREST WAY N. #107 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POLLAK, LEWIS B JR 3727 CATHEDRAL COVE ROAD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, WILLIAM D. II 2189 KEATS DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAK, KAREN E 6251 MARY KITCHENS RD MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000403772
02/06/06-80021-005 61.25

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

Lewis B. Pollak