

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 014 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 59-3352837				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 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 re-registering) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	DPT	POLLAK, LEWIS B	6730 EPPING FOREST WAY N. #107 JACKSONVILLE, FL 32217		
	DPT	POLLAK, BRENDA B	6730 EPPING FOREST WAY N. #107 JACKSONVILLE, FL 32217		
	DPT	POLLAK, LEWIS B JR	3727 CATHEDRAL COVE ROAD JACKSONVILLE, FL 32217		
	D	POLLAK, WILLIAM D. II	2189 KEATS DR PENSACOLA, FL 32503		
	D	POLLAK, KAREN E	6251 MARY KITCHENS RD MILTON, FL 32583		
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		1605 INK BERRY	JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lewis B Pollak</i>				Date <i>1/21/08</i> Daytime Phone # <i>732 3045</i>	