

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739904

**Entity Name:** JEWISH FEDERATION OF JACKSONVILLE, INC.**Current Principal Place of Business:**8505 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217**Current Mailing Address:**8505 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217**FEI Number: 59-0637864****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARGOLIES, ALAN  
8505 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 US*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

**Officer/Director Detail :**

Title	M
Name	ALAN MARGOLIES
Address	8505 SAN JOSE BLVD.
City-State-Zip:	JACKSONVILLE FL

Title	PRESIDENT
Name	JACOBS, KENNETH
Address	206 DEER VALLEY DR
City-State-Zip:	PONTE VEDRA FL 32081

Title	VP
Name	KRAEMER, IRIS
Address	2651 FOREST CIRCLE
City-State-Zip:	JACKSONVILLE FL 32257

Title	SECRETARY
Name	GLASGLOW, KIM
Address	11035 RIVERPORT DR W
City-State-Zip:	JACKSONVILLE FL 32223

Title	TREASURER
Name	PLOTKIN, JENNIFER
Address	177 LEGACY CROSSING DR
City-State-Zip:	PONTE VEDRA FL 32081

Title	VP
Name	JAFFA, ANDREW
Address	2801 SYLVAN LANE N
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP
Name	MILLER, DANIEL
Address	4373 HEAVEN TREE RD
City-State-Zip:	JACKSONVILLE FL 32207

Title	VP
Name	NUSSBAUM, SUE
Address	220 RIVERSIDE AVE. UNIT 253
City-State-Zip:	JACKSONVILLE FL 32202

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICK M BURKE****DIRECTOR OF FINANCE****03/12/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	JACOBS, ALLISON
Address	206 DEER VALLEY DR
City-State-Zip:	PONTE VEDRA FL 32081