

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12840

**Entity Name:** JEWISH COMMUNITY ALLIANCE, 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: 59-2620208**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KORMAN, HOWARD I  
455 PARK AVENUE  
ORANGE PARK, FL 32073 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 VD  
Name KORMAN SHELTON, ALI  
Address 833 WATERMAN ROAD N  
City-State-Zip: JACKSONVILLE FL 32207

Title P  
Name FRISCH, ADAM  
Address 8007 HAMPTON PARK BLVD E  
City-State-Zip: JACKSONVILLE FL 32256

Title VP  
Name ALLEN, SUZETTE  
Address 1240 CREIGHTON BLUFF LANE  
City-State-Zip: JACKSONVILLE FL 32223

Title S  
Name EDWARDS, MARY  
Address 2409 COUNTY DOCK RD  
City-State-Zip: JACKSONVILLE FL 32223

Title CEO  
Name FLAGLER, MYRON I  
Address 441 CLEARWATER DRIVE  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TREASURER  
Name WOLF, DAVID  
Address 619 SWEETWATER BRANCH LANE  
City-State-Zip: ST JOHNS FL 32259

*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: MYRON I FLAGLER**

**EXECUTIVE DIRECTOR**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date