

**2018 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            PRESIDENT  
Name            KORMAN SHELTON, ALI  
Address        833 WATERMAN ROAD N  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            TRAGER, BRENT  
Address        3076 ISSER LANE  
City-State-Zip: JACKSONVILLE FL 32257

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

Title            TREASURER  
Name            STODDARD, ROCHELLE  
Address        1346 HOLMESDALE RD  
City-State-Zip: JACKSONVILLE FL 32206

Title            VP  
Name            MILLER, MICHAEL  
Address        3120 RIVER VALE CT  
City-State-Zip: JACKSONVILLE FL 32207

Title            SECRETARY  
Name            PARKER, DEBBIE  
Address        2348 RIVER ROAD  
City-State-Zip: JACKSONVILLE FL 32207

*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**

**04/12/2018**

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

\_\_\_\_\_  
Date