

2014 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	VP
Name	FRISCH, ADAM
Address	8007 HAMPTON PARK BLVD E
City-State-Zip:	JACKSONVILLE FL 32256

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

Title	P
Name	LIPSKY, JANICE
Address	9087 BARNSTABLE LN.
City-State-Zip:	JACKSONVILLE FL 32257

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

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****02/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date