

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007831

**FILED**  
**Jun 14, 2017**  
**Secretary of State**  
**CC9482959512**

**Entity Name:** JEWISH COMMUNITY ALLIANCE FOUNDATION, INC.

**Current Principal Place of Business:**

8505 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32084

**Current Mailing Address:**

8505 SAN JOSE BOULEVARD  
JACKSONVILLE, FL 32084 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

ANSBACHER, SIDNEY F  
780 N. PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 32084 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 D  
Name STODDARD, ROCHELLE  
Address 8505 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32084

Title DVP  
Name KORMAN SHELTON, ALI  
Address 8505 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32084

Title DP  
Name PERLMAN, NANCY  
Address 8505 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32084

Title DS  
Name JACOBS, KEN  
Address 8505 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32084

Title D  
Name STEIN, DAVID  
Address 8505 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32084

Title D  
Name KORMAN, HOWARD  
Address 8505 SAN JOSE BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32084

*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:** KENNETH JACOBS

**DIRECTOR/SECRETARY**

**06/14/2017**

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

\_\_\_\_\_  
Date