

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004230

Entity Name: JEWISH COMMUNITY FOUNDATION OF NORTHEAST FLORIDA, INC.**Current Principal Place of Business:**4932 SUNBEAM RD STE 200
JACKSONVILLE, FL 32257**Current Mailing Address:**4932 SUNBEAM RD STE 200
JACKSONVILLE, FL 32257 US**FEI Number: 59-3343214****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCHNEIDER, MICHAEL N
5150 BELFORT RD. S.
JACKSONVILLE, FL 32256 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	T
Name	SCHNEIDER, MICHAEL ESQ.
Address	5150 BELFORT RD. S., BLDG 100
City-State-Zip:	JACKSONVILLE FL 32256

Title	PRES
Name	GREEN, MARK ESQ.
Address	200 W. FORSYTH ST. STE 1100
City-State-Zip:	JACKSONVILLE FL 32202

Title	T
Name	GOTTLIEB, MEL
Address	4932 SUNBEAM RD
City-State-Zip:	JACKSONVILLE FL 32257

Title	TRES
Name	EDELMAN, MATTHEW
Address	245 RIVERSIDE AVE STE 410
City-State-Zip:	JACKSONVILLE FL 32202

Title	ED
Name	KLEIN, JEFF
Address	4932 SUNBEAM RD STE 200
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP
Name	FRUIT, MELVYN H ESQ.
Address	8286 BAYBERRY RD STE 200
City-State-Zip:	JACKSONVILLE FL 32256

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: JEFF KLEIN**EXECUTIVE DIRECTOR****01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date