

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704147 (8)

1. Corporation Name

THE JEWISH FEDERATION OF GREATER ORLANDO, INC.

Principal Place of Business

851 N. MAITLAND AVE.  
PO BOX 1508  
MAITLAND FL 32751

Mailing Address

851 N. MAITLAND AVE.  
PO BOX 1508  
MAITLAND FL 32751-44263. Date Incorporated or Qualified  
06/11/19623a. Date of Last Report  
04/25/19964. FEI Number  
59-0946923Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 P.O. Box 941508  
23 City & State  
MAITLAND, FL  
24 Zip  
32794-1508 25 Country  
ORANGE

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 P.O. Box 941508  
28 City & State  
MAITLAND, FL  
29 Zip  
32794-1508 30 Country  
ORANGE

9. Name and Address of Current Registered Agent

COOPER, MARK  
110 S.W. IVANHOE BLVD. #30  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name  
ERIC S. GEROFF  
82 Street Address (P.O. Box Number is Not Acceptable)  
897 AVIARY BAY CIRCLE  
83  
84 City  
LONGWOOD FL 85 Zip Code  
32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	CRASNOW, NEAL	
STREET ADDRESS	405 KILSHORE LA.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STANLEY, ROBERTS	
STREET ADDRESS	1754 TAYLOR AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CAPOUANO, ALBERT D	
STREET ADDRESS	P.O. BOX 2346	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	BIERMAN, SUSAN C	
STREET ADDRESS	1110 SW IVANHOE BLVD #30	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, I. RICHARD	
STREET ADDRESS	3723 LAKE SARAH DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID BOENSTEIN	
2.3 STREET ADDRESS	609 AVALON BLVD	
2.4 CITY-ST-ZIP	ORLANDO, FL 32806	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PATTI ALBRINGER	
3.3 STREET ADDRESS	240 TRISHEN TERRACE	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROZ FUGHS	
4.3 STREET ADDRESS	956 STONEWOOD LANE	
4.4 CITY-ST-ZIP	MAITLAND, FL 32751	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARK ABRAMSON	
5.3 STREET ADDRESS	121 SHELL POINT WEST	
5.4 CITY-ST-ZIP	MAITLAND, FL 32751	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ERIC S GEROFF	
6.3 STREET ADDRESS	897 AVIARY BAY CIRCLE	
6.4 CITY-ST-ZIP	LONGWOOD, FL 32750	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

ERIC S. GEROFF, EXECUTIVE DIRECTOR 1/28/97

Date Daytime Phone 407-645-5933 0014037

CP2E037 (9/96)