

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortheim , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704147** (8)
1. Corporation Name
THE JEWISH FEDERATION OF GREATER ORLANDO, INC.

Principal Place of Business 851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US	Mailing Address 851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/11/1962	
4. FEI Number 59-0946923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEBOFF, ERIC S.
897 AVIARY BAY CIRCLE
LONGWOOD FL 32750**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	V <input type="checkbox"/> DELETE
NAME	CRASNOW, NEAL
STREET ADDRESS	405 KILSHORE LA.
CITY - ST - ZIP	WINTER PARK FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BOURNSTEIN, DAVID
STREET ADDRESS	609 AVALON BLVD.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	AMBINGER, PATTI
STREET ADDRESS	240 TRISMEN TERRACE
CITY - ST - ZIP	WINTER PARK FL
TITLE	P <input type="checkbox"/> DELETE
NAME	FUCHS, ROZ
STREET ADDRESS	956 STONEWOOD LANE
CITY - ST - ZIP	MAITLAND FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ABRAMSON, MARK
STREET ADDRESS	121 SHELL POINT WEST
CITY - ST - ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GEBOFF, ERIC S.
STREET ADDRESS	897 AVIARY BAY CIRCLE
CITY - ST - ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V/D
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD BORNSTEIN
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KAPLAN, HAROLD
3.3 STREET ADDRESS	660 CRICKLEWOOD TERRACE
3.4 CITY - ST - ZIP	LAKE MARY, FL 32746
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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]

3/9/98

407-645-6933

CR2037 (1097)