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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 704147		
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	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/11/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0946923
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

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
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRASNOW, NEAL	1.2 NAME	CRASNOW UDELL, BRUCE
STREET ADDRESS	405 KILSHORE LA.	1.3 STREET ADDRESS	455 LONGMEADOW LANE
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNSTEIN, DAVID	2.2 NAME	
STREET ADDRESS	609 AVALON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, HAROLD	3.2 NAME	KLAINAN, DR. ALLAN
STREET ADDRESS	660 CRICKLEWOOD TERR	3.3 STREET ADDRESS	160 VISTA OAK DRIVE
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUCHS, ROZ	4.2 NAME	GRODIN, JAMES
STREET ADDRESS	956 STONEWOOD LANE	4.3 STREET ADDRESS	207 SMOKERISE BLVD
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, MARK	5.2 NAME	
STREET ADDRESS	121 SHELL POINT WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBOFF, ERIC S.	6.2 NAME	
STREET ADDRESS	897 AVIARY BAY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 4/22/99 (407)645-5983
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11198