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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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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			
				FL 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

CR2E037-111/98