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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714320 (9)

1. Corporation Name
MENORAH CENTER, INC.

Principal Place of Business Mailing Address

250 56TH STREET NORTH 250 56TH STREET NORTH
ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710

2. Principal Place of Business 29. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/26/1968 08/17/1994

4. FBI Number Applied For
59-1268962 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

RENFROW, ROBERT P
5658 CENTRAL AVE.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, PHILIP DR	1.2 NAME	
STREET ADDRESS	929 1ST AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTNER, TED P	2.2 NAME	
STREET ADDRESS	100 2 AVE. SO. #1100	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	2.4 CITY-ST-ZIP	
TITLE	AST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROVKIND, HAROLD C DR	3.2 NAME	
STREET ADDRESS	7400 SUN ISLD DR S #308	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRIN, ROUBEN	4.2 NAME	D. HALPRIN, D
STREET ADDRESS	8730 49TH STREET NORTH	4.3 STREET ADDRESS	8730 49TH ST. N
CITY-ST-ZIP	PINELLAS PARK, FL 0	4.4 CITY-ST-ZIP	Pinellas Park, FL.
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, JERRY	5.2 NAME	
STREET ADDRESS	301-61ST STREET, NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ABE	6.2 NAME	
STREET ADDRESS	6132 - 4TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: *Philip Benjamin* 4-17-95

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR Date Daytime Phone #