

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714320, (9)
1. Corporation Name

MENORAH CENTER, INC.



Principal Place of Business: 250 58TH STREET NORTH, ST. PETERSBURG FL 33710
Mailing Address: 250 58TH STREET NORTH, ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 03/26/1968
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1268962
Applied For: 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
8. 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) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

RENFROW, ROBERT P
5858 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BENJAMIN, PHILIP DR	
STREET ADDRESS	929 1ST AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WITTNER, TED P	
STREET ADDRESS	100 2 AVE. SO. #1100	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	RIVKIND, HAROLD C DR	
STREET ADDRESS	7400 SUN ISLD DR S #308	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HALPRIN, D.	
STREET ADDRESS	8730 49TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILBERT, JERRY	
STREET ADDRESS	301-61ST STREET, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, ABE	
STREET ADDRESS	6132 - 4TH AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENJMIN, PHILIP DR	
1.3 STREET ADDRESS	6650 SUNSET WAY	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33706	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WITTNER, TED	
2.3 STREET ADDRESS	5999 CENTRAL AVE SUITE 400	
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEMBLER, GREG	
3.3 STREET ADDRESS	8698 MAIDENSTONE CT	
3.4 CITY-ST-ZIP	LARGO, FL 34647	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HALPRIN, D.	
4.3 STREET ADDRESS	6681 49TH STREET NORTH	
4.4 CITY-ST-ZIP	PINELLAS PARK, FL 34665	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MENSH, DICK	
5.3 STREET ADDRESS	2001 80TH STREET NORTH	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SILVERBERG, SHELLY	
6.3 STREET ADDRESS	10711 95TH STREET NORTH	
6.4 CITY-ST-ZIP	LARGO, FL 34747	

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 119.07(3)(k), 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:

Sharon D. Warner Executive Director 4/1/96 347-5191
SHARON D. WARNER, EXECUTIVE DIRECTOR Date: Daytime Phone: 1

CR2E037 (12/95)