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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714320
 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
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc.	27. City & State Zip Country	3. Date Incorporated or Qualified 03/26/1968	4. FEI Number 59-1268962	Applied For No: Applicable
23. City & State Zip Country	24. Zip Country	28. City & State Zip Country	29. Zip Country	30. Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN, PHILIP D	1.2 NAME	RABBI JACOB LUSKI
STREET ADDRESS	6650 SUNSET WAY	1.3 STREET ADDRESS	301 59th Street N
CITY-ST-ZIP	ST PETERSBURG, FL 0	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTNER, TED	2.2 NAME	DICK MENSCH
STREET ADDRESS	5999 CENTRAL AVE, STE. 400	2.3 STREET ADDRESS	2001 80th Street N
CITY-ST-ZIP	ST PETERSBURG, FL 0	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVKIND, HAYOLD C	3.2 NAME	RIVKIND, HAROLD C. Address
STREET ADDRESS	7400 SUN ISLAND	3.3 STREET ADDRESS	6343 Via De Sonrisa De Sur # 389
CITY-ST-ZIP	ST PETERSBURG, FL 0 33707	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALPRIN, DAVID	4.2 NAME	MRS. MARILYN BENJAMIN
STREET ADDRESS	6681 49TH ST N.	4.3 STREET ADDRESS	6650 Sunset Way
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33706
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, JERRY	5.2 NAME	GREG SEMBLER
STREET ADDRESS	301-61ST STREET, NORTH	5.3 STREET ADDRESS	8698 Maidenstone Ct.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	LARGO, FL 33747
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, ABE	6.2 NAME	ARLENE ROSENTHAL
STREET ADDRESS	6132 - 4TH AVENUE	6.3 STREET ADDRESS	6467 29th Avenue N
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710

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: _____ DATE: **4/7/99** DAYTIME PHONE #: **727 384 3000**

CR2E037 (1/1/98)

714320
408258-9003-37

MENORAH CENTER BOARD OF DIRECTORS (continued)

MS. JUDY BENJAMIN
2261 LENOX RIDGE COURT
ATLANTA, GEORGIA 30309

MRS. SANDY BOZEMAN
8022 STIMIE AVENUE NORTH
ST. PETERSBURG, FL 33710

DR. BRUCE A. EPSTEIN
9005 BAYWOOD PARK DRIVE
SEMINOLE, FL 33777
(727) 321-1515 OFFICE
(727) 391-0158 HOME

MR. RONALD OXMAN
5241 61st AVENUE SOUTH
ST. PETERSBURG, FL 33715
(727) 864-2008 HOME

MR. RONALD YOGMAN
7800 10th AVENUE SOUTH
ST. PETERSBURG, FL 33705
(727) 343-3700 (OFFICE)
(727) 381-7800 (HOME)

MR. JOEL M. GROSSMAN
6650 SUNSET WAY #214
SOUTH PASADENA, FL 33706
(727) 360-0324 HOME

MS. SHARYN WITTNER JACOBSON
ONE BEACH DRIVE, SE
APARTMENT 1004
ST. PETERSBURG, FL 33701
(727) 896-6657 OFFICE
(727) 896-4214 HOME

