


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 036 ****61.25

DOCUMENT # 714320					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1268962	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAENDEL, ANN R 250 58TH STREET N SAINT PETERSBURG, FL 33710			Name <u>Murphy, Barbara J.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>250 58th St. North</u>		
			City <u>St. Petersburg</u> FL Zip Code <u>33710</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>BARBARA J. MURPHY</u>		<u>Barbara J. Murphy</u>		DATE <u>3-21-05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACOB, LUSKI RABBI	NAME			
STREET ADDRESS	301 59TH ST N	STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WITTNER, TED	NAME			
STREET ADDRESS	5999 CENTRAL AVE, STE. 400	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBERG, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIVKIND, HAROLD C	NAME			
STREET ADDRESS	8343 VIA DE SONRISA DE SUR #389	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALPRIN, DAVID	NAME			
STREET ADDRESS	6681 49TH ST N.	STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILBERT, JERRY	NAME			
STREET ADDRESS	301-61ST STREET, NORTH	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATZ, ABE	NAME			
STREET ADDRESS	6132 - 4TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barbara J. Murphy</u>		<u>BARBARA J. MURPHY</u>		Date <u>3/21/05</u> (221) 347-5191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

30030360



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