


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 039 ****61.25

DOCUMENT # 714320 1. Entity Name MENORAH CENTER, INC.	
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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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60027186



DO NOT WRITE IN THIS SPACE

03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1268962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, BARBARA J
250 58TH STREET N
SAINT PETERSBURG, FL 33710

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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 _____ DATE _____
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, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOB, LUSKI RABBI 301 59TH ST N ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITTNER, TED 5999 CENTRAL AVE, STE. 400 ST. PETERSBERG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVKIND, HAROLD C 6343 VIA DE SONRISA DE SUR #389 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALPRIN, DAVID 6681 49TH ST N. PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, JERRY 301-61ST STREET, NORTH ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, ABE 6132 - 4TH AVENUE ST. PETERSBURG, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara J. Murphy 3/30/06 727-347-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #