


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90056 031 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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			7. Name and Address of New Registered Agent		
MURPHY, BARBARA J 250 58TH STREET N SAINT PETERSBURG, FL 33710			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 <i>B. J. Murphy</i>		Signature typed or printed name of registered agent and title if applicable.		DATE <i>1/28/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	VP / SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOB, LUSKI RABBI		NAME	Cecile Berko	
STREET ADDRESS	301 59TH ST N		STREET ADDRESS	14355 83rd PLACE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33710		CITY-ST-ZIP	Seminole, FL 33776	
TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVKIND, HAROLD C		NAME		
STREET ADDRESS	6343 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	PRESIDENT / TREASURER	<input checked="" 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 checked="" 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 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: <i>A. Pres.</i>		Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <i>1/28/08</i> DAYTIME PHONE # <i>287/347-5191</i>	