

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90022 049 \*\*\*\*61.25

0040105

**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**

11000006



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-1268962**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLOGER, KENNETH R  
250 58TH STREET N  
SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent  
Name **Beverly Mitlin**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 58th Street North**  
City **St. Petersburg** FL Zip Code **33710**

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 **Beverly Mitlin, Executive Director** *Beverly Mitlin* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JACOB, LUSKI RABBI</b>	
STREET ADDRESS	<b>301 59TH ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WITTNER, TED</b>	
STREET ADDRESS	<b>5999 CENTRAL AVE, STE. 400</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 0</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>RIVKIND, HAROLD C</b>	
STREET ADDRESS	<b>6343 VIA DE SONRISA DE SUR #389</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HALPRIN, DAVID</b>	
STREET ADDRESS	<b>6681 49TH ST N.</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT, JERRY</b>	
STREET ADDRESS	<b>301-61ST STREET, NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KATZ, ABE</b>	
STREET ADDRESS	<b>6132 - 4TH AVENUE</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED** *Wittner* 4-11-03 (727) 511-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)