

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **737814** (4)

1. Corporation Name

**GREATER MIAMI JEWISH FEDERATION, INC.**

Principal Place of Business

Mailing Address

4200 BISCAYNE BLVD.  
MIAMI FL 33137-3210

4200 BISCAYNE BLVD.  
MIAMI FL 33137-3210

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1977

3a. Date of Last Report

04/27/1994

4. FEI Number

59-0624404

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

SOLOMON JACOB  
4200 BISCAYNE BLVD  
MIAMI FL 33137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ADLER, MICHAEL
STREET ADDRESS	8981 S.W. 108TH STREET
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	KRAVITZ, STEVEN J.
STREET ADDRESS	18735 NE 21ST AVE.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	VD
NAME	GERSON, GARY
STREET ADDRESS	1845 CLEVELAND ROAD
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	VD
NAME	SCHWARTZ, MAXINE
STREET ADDRESS	4280 N. HILLS DR.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	VD
NAME	OREN, NEDRA
STREET ADDRESS	3526 BAYSHORE VILLAS DR.
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	VD
NAME	KISLAK, JONATHAN
STREET ADDRESS	701 BRICKELL AVE., #140
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT - DIRECTOR NEDRA OREN
2.3 STREET ADDRESS	3526 BAYSHORE VILLAS DR.
2.4 CITY - ST - ZIP	COCONUT GROVE, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRES - DIRECTOR Dorothy Podhurst
4.3 STREET ADDRESS	1600 WEST PRESTWICK PLACE
4.4 CITY - ST - ZIP	MIAMI LAKES, FL 33149
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICE PRES - DIRECTOR RICHARD BERNSTEIN
5.3 STREET ADDRESS	10220 S.W. 142ND ST.
5.4 CITY - ST - ZIP	MIAMI, FL 33176
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEDRA OREN

3/21/95  
(Date)

596-4000  
(Phone Number)

APPROVED  
AND  
FILED

95 APR 28 PM 7:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA