FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 8:57

DOCUMENT # 746704 (6)

1. Corporation Name
THE MARSHALL AND REVA KENT JEWISH CENTER, INC.

Principal Place of Business
1955 VIRGINIA ST.
CLEARWATER FL 34623

Mailing Address
1955 VIRGINIA ST.
CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1979
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1901486 — Applied For / Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

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

9. Name and Address of Current Registered Agent
ZUCKERMAN, RALPH
1716 HERMIT THRUSH LANE
PALM HARBOR FL 34683

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	ABELSON, DAVID A	1.2 NAME	ABELSON, DAVID A.
STREET ADDRESS	4944 KILKENNY WAY	1.3 STREET ADDRESS	4944 KILKENNY WAY
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RUTENBERG, CHARLES	2.2 NAME	
STREET ADDRESS	28050 US HWY 19 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LAUFER, SALLY	3.2 NAME	
STREET ADDRESS	1800 COUNTRY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ZUCKERMAN, RALPH	4.2 NAME	
STREET ADDRESS	1716 HERMIT THRUSH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	PD ☒ Change ☐ Addition
NAME	MILLER, LAWRENCE	5.2 NAME	ERWIN J. HARRISON
STREET ADDRESS	1323 WEBER DRIVE	5.3 STREET ADDRESS	2757 COUNTRYSIDE BLVD
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE	M	6.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, HERBERT N	6.2 NAME	
STREET ADDRESS	2501 HARN BLVD #H37	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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] JAN. 13, 1995 (813) 736-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HERBERT N. COHEN, EXECUTIVE DIRECTOR

000850