

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **755531** (1)  
1. Corporation Name  
**TAMPA-ORLANDO PINELLAS JEWISH FOUNDATION, INC.**



Principal Place of Business: **6617 GUNN HIGHWAY SUITE 136 TAMPA FL 33625 US**  
Mailing Address: **6617 GUNN HIGHWAY SUITE 136 TAMPA FL 33625 US**

3. Date Incorporated or Qualified: **12/12/1980**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2053655** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**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

**SHANKER, BRUCE  
6617 GUNN HIGHWAY  
SUITE 136  
TAMPA FL 33625**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Bruce Shanker  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOLOMON, MARTIN	
STREET ADDRESS	4925 BAY WAY PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORLOFF, SYLVAN	
STREET ADDRESS	1841 PALMCREST LANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVY, STANLEY I.	
STREET ADDRESS	5210 NEPTUNE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENJAMIN, PHILIP	
STREET ADDRESS	6650 SUNSET WAY #419	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEINER, RICHARD	
STREET ADDRESS	3723 LAKE SARAH DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOLLY, GEORGE	
STREET ADDRESS	1055 KENSINGTON PARK #306	
CITY-ST-ZIP	ATLAMONTE SPRINGS 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Levy, Stanley I
3.3 STREET ADDRESS	5210 Neptune Way
3.4 CITY-ST-ZIP	Tampa, Florida
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rolfe, Roger
4.3 STREET ADDRESS	3069 Oak Creek Dr.
4.4 CITY-ST-ZIP	Clearwater, FL 34621
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Weiner, Richard
5.3 STREET ADDRESS	3723 Lake Sarah Drive
5.4 CITY-ST-ZIP	Orlando, Florida
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Wolly, George
6.3 STREET ADDRESS	1055 Kensington Park #306
6.4 CITY-ST-ZIP	Altamonte Springs, Florida

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: Sylvan Orloff / 1/21/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Sylvan Orloff** President  
Date: 1/21/96 Daytime Phone #

CR2E037 (12/95)