FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 75

1. Corporation Name

755531

(1)

TAMPA-ORLANDO PINELLAS JEWISH FOUNDATION, INC.

Principal Place of Business		Mailing Address			
6617 GUNN HIGI SUITE 136	HWAY	6617 GUNN HIGHWAY SUITE 136			
TAMPA FL 33625	5	TAMPA FL 33625-4056			
US	•	US		3. Date Incorporated or Qualified 12/12/1980	3a. Date of Last Report 03/04/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-2053655	Applied For
21 13009 Suite, Apt ii	Community Campus Dr.	Suite, Apt. #, etc.	ity Campus	Dr. 33 2003033	Not Applicable
22	, etc	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	_	6. Election Campaign Financing	\$5.00 May Be
	Florida	28 Tampa, Florio		Trust Fund Contribution	Added to Fees
Zip 24 33625	Country 25	Zip 29 33625	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes XX No
	9. Name and Address of Current		I	10. Name and Address of New R	egistered Agent
			81 Name		
SHANKE	r, Bruce		82 Street	Address (P.O. Box Number is Not Accepte	hio
6617 GUNN HIGHWAY			1300	09 Community Campus Dri	ve
			83		
TAMPA F	L 33625		84 City		85 Zip Code
			Tam	pa, Florida	FL 33625
office or ri	o the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	ithorized by the coi	d corporation submits this statement for the reporation's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
ŭ	in languar with and accept the congar	1013 01, 000001 017.0000, 110	out outdies.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signatur	re required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	VD	DELETE	1.1 THTLE		Change Addition
NAME	SOLOMON, MARTIN		1.2 NAME		
STREET ADDRESS	4925 BAY WAY PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		8
TITLE	PD OFF OWNER	XX DELETE	2.1 TITLE	PD	Change Addition
NAME	ORLOFF, SYLVAN		2.2 NAME	KATZ, ERWIN	
STREET ADDRESS	1841 PALMCREST LANE		2.3 STREET ADDRESS	12412 STILLWATER TERR	ACE
CITY-ST-ZIP	CLEARWATER FL TD	XX DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	TAMPA, FLORIDA 33624	XXX Change
TITLE NAME	LEVY, STANLEY I.	AZ DECETE	3.2 NAME	Marion Samson Joseph	XXX onange Nuonion
STREET ADDRESS	5210 NEPTUNE WAY		3.3 STREET ADDRESS	1	160
CHY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	St. Petersburg, Flori	
TITLE	SD	DELETE	4.1 TITLE	be, receisoning, riorr	Change Addition
NAME	ROLFE, ROGER	247	4. 2 NAME		
STREET ADDRESS	3069 OAK CREK DRIVE		4.3 STREET ADDRESS		'
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY - ST - ZIP		
TITLE	VD	DELETE	51 TITLE	VD	XX Change Addition
NAME	WEINER, RICHARD		52 NAME	Joseph Hara	
STREET ADDRESS	3723 LAKE SARAH DRIVE		5.3 STREET ADDRESS	1 -	
CITY-ST-ZIP	ORLANDO FL		5 4 CITY - ST - ZIP	Orlando, Florida 32804	
TITLE	VD	DELETE	6.1 TITLE		Change Addition
NAME	WOLLY, GEORGE		6.2 NAME		
STREET ADDRESS	1055 KENSINGTON PARK #30	6	6.3 STREET ADDRESS		
C1711 CT 71D	ATI AMONTE SPRINGS EI		0.4 DITY OT 210	1	

SIGNATURE:

14. I do hereby certify that the information supplied with this filling toes n information indicated on this annual report or supplemental annual relational framework and an officer or director of the corporation or the receiver of trusted appears in Block 12 or Block 13 if changed, or on an available of the corporation.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-97

t qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fort is true and accurate and that my signature shall have the same legal effect as if made under oath; that appropriated to execute this report as required by Chapter 617, Florida Statutes; and that my name

FILED

Feb 05 1997 8:00am

Secretary of State

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