

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90070 024 \*\*\*\*61.25

0051338

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755531**

1. Corporation Name

**TAMPA-ORLANDO PINELLAS JEWISH FOUNDATION, INC.**

Principal Place of Business

13009 COMMUNITY CAMPUS DR  
TAMPA FL 33625  
US

Mailing Address

13009 COMMUNITY CAMPUS DR  
TAMPA FL 33625  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/12/1980

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

9. Name and Address of Current Registered Agent

SHANKER, BRUCE  
13009 COMMUNITY CAMPUS DR  
TAMPA FL 33625

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 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

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 ☒ DELETE  
NAME SOLOMON, MARTIN  
STREET ADDRESS 4925 BAY WAY PLACE  
CITY-ST-ZIP TAMPA FL

TITLE PD ☒ DELETE  
NAME KATZ, ERWIN  
STREET ADDRESS 121412 STILLWATER TERR  
CITY-ST-ZIP TAMPA FL

TITLE TD ☒ DELETE  
NAME ABELSON, DAVID  
STREET ADDRESS 26301 US #19 NORTH  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE SD ☐ DELETE  
NAME ROLFE, ROGER  
STREET ADDRESS 3069 OAK CREK DRIVE  
CITY-ST-ZIP CLEARWATER FL

TITLE VD ☒ DELETE  
NAME HARA, JOSEPH  
STREET ADDRESS 1507 ANCHOR CT  
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ 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 VD ☐ Change ☒ Addition  
1.2 NAME Bill Boas  
1.3 STREET ADDRESS Raymond James 100 S. Ashley St  
1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE PD ☐ Change ☒ Addition  
2.2 NAME Dick Weiner  
2.3 STREET ADDRESS Smith-Barney P.O. Box 1600  
2.4 CITY-ST-ZIP Winter Park, FL 32790

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME Sylvan Orloff  
3.3 STREET ADDRESS 3021 Countryside Bldg A Apt.24A  
3.4 CITY-ST-ZIP Clearwater, FL 33761

4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE SD ☐ Change ☒ Addition  
5.2 NAME Blossom Leibowitz  
5.3 STREET ADDRESS 1039 Guisando De Avila  
5.4 CITY-ST-ZIP Tampa, FL 33613

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)