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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 769716 (2)

1. Corporation Name
APALACHEE FEDERATION OF JEWISH CHARITIES, INC.

Principal Place of Business Mailing Address
3133 ORTEGA DRIVE 2ND FLOOR TALLAHASSEE FL 32312 US
No change
P.O. BOX 2561 TALLAHASSEE FL 32316-2561 US



3. Date Incorporated or Qualified 08/04/1983
3a. Date of Last Report 03/06/1996

2. Principal Place of Business 21 ~~4404 BAYSHORE CIRCLE~~ 26
Suite, Apt. #, etc. 22
City & State 23 TALLAHASSEE FL 27
Zip 24 32308 25 USA 29 Country 30
4. FEI Number 59-2406976 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

9. Name and Address of Current Registered Agent
SCHWARTZ, RHEA
3133 ORTEGA DRIVE
TALLAHASSEE FL 32312
No change
10. Name and Address of New Registered Agent
81 Name WAYNE HOSID
82 Street Address (P.O. Box Number Is Not Acceptable) ~~4404 BAYSHORE CIRCLE~~
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHWARTZ, RHEA 3133 ORTEGA DRIVE TALLAHASSEE FL No change	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		1.2 NAME	HOSID, WAYNE
STREET ADDRESS		1.3 STREET ADDRESS	4404 BAYSHORE CIRCLE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	VD HOSID, WAYNE 4404 BAYSHORE CIRCLE TALLAHASSEE FL	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	KANTROWITZ, IRWIN
STREET ADDRESS		2.3 STREET ADDRESS	422 VINNEDGE RIDE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	TALLAHASSEE, FL 32308
TITLE	SD NORVELLE, RON 6726 ALAN-A-DALE TRAIL TALLAHASSEE FL	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD SLAVIN, CHARLES 4016 ROSCREA DR. TALLAHASSEE FL	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Charles Slavin CHARLES SLAVIN 4/15/97 (904) 893-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008893

CR2E037 (9/96)