

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

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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  
**3133 ORTEGA DRIVE  
2ND FLOOR  
TALLAHASSEE FL 32312  
US**

Mailing Address  
**P.O. BOX 2581  
TALLAHASSEE FL 32316  
US**

3. Date Incorporated or Qualified  
**08/04/1983**

4. FEI Number  
**59-2406976**

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
**21 3866 Bobbin Brook Circle**

2a. Mailing Address  
**26**

Suite, Apt #, etc.  
**22**

City & State  
**23 Tallahassee, FL**

City & State  
**28**

Zip Country  
**24 32312 25 US**

Zip Country  
**29 30**

9. Name and Address of Current Registered Agent  
**SCHWARTZ, RHEA  
3133 ORTEGA DRIVE  
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

**81 Name Richard A. Greenberg**

**82 Street Address (P.O. Box Number is Not Acceptable) 3866 Bobbin Brook Circle**

**83**

**84 City Tallahassee FL 85 Zip Code 32312**

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 **Richard A. Greenberg** *R.A.G.* **04/28/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, RHEA</b>	
STREET ADDRESS	<b>3133 ORTEGA DRIVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KANTROWITZ, IRWIN</b>	
STREET ADDRESS	<b>422 VINNEDGE RIDE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NORVELLE, RON</b>	
STREET ADDRESS	<b>6726 ALAN-A-DALE TRAIL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SLAVIN, CHARLES</b>	
STREET ADDRESS	<b>4016 ROSCREA DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Greenberg, Richard A.</b>	
1.3 STREET ADDRESS	<b>3866 Bobbin Brook Circle</b>	
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Sulkes, Al</b>	
2.3 STREET ADDRESS	<b>2397 Wintergreen Road</b>	
2.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mindlin, Val</b>	
3.3 STREET ADDRESS	<b>2529 Killarney Way</b>	
3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Kimelman, Sam N.</b>	
4.3 STREET ADDRESS	<b>1815 Sageway Drive</b>	
4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Sam N. Kimelman* **Sam N. Kimelman, Treasurer 04/28/98 (850)562-**

CR2E037 (10/97)