FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 769716

APALACHEE FEDERATION OF JEWISH CHARITIES, INC.

Principal Place of Business								
3866 BOBBIN BROOK CIR								
TALLAHASSEE FL 32312								
10								

Mailing Address

P.O. BOX 2581 TALLAHASSEE FL 32316

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90026 011 ****61.25

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2. Principal P	Place of Business	2a. Mailing Address			Date Incorporated or Qualifed						
1 .	•	26				08/04/1983					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			4. FEI Number		A	oplied For			
2		27	.7			59-2406976			ot Applicable		
City & Sta	te	City & State	City & State			F 0 45 4 5 5 1		\$8.75	Additional		
3	• *	28	3			5. Certificate of Status I	Desired	•	equired ·		
Zip	Country	Zip	Zip Country			6. Election Campaign F	inancing	\$5.00	May Be		
4 25 29			30			Trust Fund Contribut	7 11		to Fees		
9. Name and Address of Current Registered Agent						10. Name and Address	of New Registered	Agent			
Same of the same o					81 Name						
GREENBERG, RICHARD ANOTH OF JEWISH ON FITTES 190.					82 Street Address (P.O. Box Number is Not Acceptable)						
3866 BOE	BBIN BROOK CIR	พรษณ์ คอมมิต จังจะ	Street Add			1655 (F.O. BOX NUMBER IS NOT ACCEPTABLE)					
	SSEE FL 32312		83								
									·····		
				84	City	:	FL	85 Zip	Code		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutes, the above general corporation submit this determine the above general corporation submit the submit this determine the above general corporation submit this determine the above general corporation submit the submit this determine the above general corporation submit this determine the submit the submit the submit the submit this determine the submit the s											
office or r	egistered agent, or both, in the State of	Florida, Such change was a	authorized	by t	he corporation	ns board of directors. I here	eby accept the appo	intment as re	gistered		
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 farmiliar with, and accept the obligations of Section 617,0503, Florida Statutes. SIGNATURE ICARA TECHNOLOGY 11279											
SIGNATURE	Signature, typed or printed name of registered agent ar			Agent	signature required	when reinstating)	DATE	7			
12.	OFFICERS AND		13.			ADDITIONS/CHANGE		ND DIRECTO	DRS IN 12		
TILE	PD	☐ DELETE	1.1 TII	ΓLE		6064,080		☐ Change	Addition		
NAME	GREENBERG, RICHARD A		1.2 NA	MÉ	+	74. 1 144.2					
STREET ADDRESS 3866 BOBBIN BROOK CIR			13ST	1.3 STREET ADDRESS		33 1 NAA					
CITY-ST-ZIP	TALLAHASSEE FL 32312			TY-ST-					İ		
ITTLE	VD	☐ DELETE	2.1 111		ZIF			☐ Change	Addition .		
NAME	SULKES, AL		2.2 NA					onange			
STREET ADDRESS					NODOCCC .						
TY-ST-ZIP	TALLAHASSEE FL 32308		_	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					ļ		
ITTE .	SD	☐ DELETE	3.1 111	_	-2119			Change	Addition		
AME TELEVISION		_ ::						☐ Change	1 Addition		
	MINDLIN, VALSES WAY	A Gr. BART SHE	3.2 NA						. 1		
					NODRESS				ľ		
TITY-ST-ZIP	TALLAHASSEE FL 32308	O DELETE	3.4. CI		ZIP						
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TREET ADDRESS	1815 SAGEWAY DR	Mills and the second	4.3 ST	REETA	NODRESS				1 (40) (2) 1 (40) (3)		
TTY-ST-ZIP	TALLAHASSEE FL 32303	igi	4.4 CIT		ZIP	Section & Section	TREE LEE		, निविद्या		
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TTY+ST-ZIP	The first control of the control of		5.4 CIT		ZIP	State of the state of					
ure	MAC BOSON BROOK CIP	☐ DELETE	6.1 TETT					Change	☐ Addition		
AME			6.2 NA	ΜE					ŀ		
TREET ADDRESS	TALLASIASSEE PLOSE :		6.3 STF	REETA	DDRESS						

4. 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

6.4 CFTY-ST-ZIP