


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90011 030 \*\*\*\*70.00

<b>DOCUMENT # 769716</b>	
1. Entity Name APALACHEE FEDERATION OF JEWISH CHARITIES, INC.	

Principal Place of Business 5809 COUNTRYSIDE DR TALLAHASSEE, FL 32317 US	Mailing Address P.O. BOX 14825 TALLAHASSEE, FL 32317-4825 US
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2. Principal Place of Business <b>910 BRUCE WOLIN</b>	3. Mailing Address
Suite, Apt. #, etc. 1011 HURON TRAIL	Suite, Apt. #, etc.
City & State TALLAHASSEE FL	City & State
Zip 32317	Country USA

02102004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2406976	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOLIN, BRUCE  
 1011 HURON TRAIL  
 TALLAHASSEE, FL 32317

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bruce Wolin* DATE 2/21/2004

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, RICHARD A	
STREET ADDRESS	3866 BOBBIN BROOK CIR	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SULKES, AL	
STREET ADDRESS	2397 WINTERGREEN RD	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MINDLIN, VAL	
STREET ADDRESS	2529 KILLARNEY WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEVY, MAURICE	
STREET ADDRESS	5809 COUNTRYSIDE DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, SAM	
STREET ADDRESS	1213 TALBOT AVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLIN, BRUCE	
STREET ADDRESS	1011 HURON TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAURICE LEVY	
STREET ADDRESS	5809 COUNTRYSIDE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN KANTROWITZ	
STREET ADDRESS	422 VINNEDGE RIDE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM KAUFMAN	
STREET ADDRESS	0005 EVENING STAR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLEY MENDELSON	
STREET ADDRESS	1535 OLDFIELD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Bruce Wolin* DATE 2/21/2004 DAYTIME PHONE # (850) 413-4684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR