


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 028 \*\*\*\*61.25

**DOCUMENT # 769716**

1. Entity Name  
**APALACHEE FEDERATION OF JEWISH CHARITIES, INC.**



Principal Place of Business  
**C/O BRUCE WOLIN  
 1011 HURON TRAIL  
 TALLAHASSEE, FL 32317 US**

Mailing Address  
**P.O. BOX 14825  
 TALLAHASSEE, FL 32317-4825 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03242005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2406976** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	LEVY, MAURICE 5809 COUNTRYWIDE DR. TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	
TITLE PD	KANTROWITZ, IRWIN 422 VINNEDGE RIDE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	KAUFMAN, WILLIAM 8005 EVENING STAR LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	MENDELSON, LESLEY 1535 OLDFIELD DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	WOLIN, BRUCE 1011 HURON TRAIL TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

**SIGNATURE:** Bruce Wolin **BRUCE WOLIN** 3/25/2005 850/413-4684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #