

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769716

FILED
Jan 12, 2009
Secretary of State

Entity Name: APALACHEE FEDERATION OF JEWISH CHARITIES, INC.

Current Principal Place of Business:

C/O IRWIN KANTROWITZ
422 VINNEDGE RIDE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14825
TALLAHASSEE, FL 323174825 US

New Mailing Address:

FEI Number: 59-2406976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KANTROWITZ, IRWIN
422 VINNEDGE RIDE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHASE, JODI
Address: 5787 E MILLERS BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: KANTROWITZ, IRWIN
Address: 422 VINNEDGE RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: KAUFMAN, WILLIAM
Address: 8005 EVENING STAR LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MENDELSON, LESLEY
Address: 1535 OLDFIELD DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: BINNON, SHARON
Address: 2305 LIMERICK DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: P3 () Delete
Name: MARKELL, DAVID
Address: 3596 UNCLE GLOVER RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STAUBER, ALVIN
Address: 2514 BETTON WOODS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRWIN KANTROWITZ

D

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date