

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90046 045 *****70.00

DOCUMENT # 769716

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



Principal Place of Business
**4509 COUNTRYSIDE DRIVE
TALLAHASSEE FL 32308
US**

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

20010004



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5809 COUNTRYSIDE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TALLAHASSEE

City & State

4. FEI Number **59-2406976**

Applied For

Not Applicable

Zip
32317

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULKES, AL
5809 COUNTRY SIDE DRIVE
TALLAHASSEE FL 32308**

Name ~~BRUCE WOLIN~~ **BRUCE WOLIN**

Street Address (P.O. Box Number is Not Acceptable)
1011 HURON TRAIL

City **TALLAHASSEE**

FL Zip Code **32317**

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* **BRUCE WOLIN**

1/20/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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** Delete
NAME **GREENBERG, RICHARD A**
STREET ADDRESS **3866 BOBBIN BROOK CIR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SULKES, AL**
STREET ADDRESS **2397 WINTERGREEN RD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **MINDLIN, VAL**
STREET ADDRESS **2529 KILLARNEY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **LEVY, MAURICE**
STREET ADDRESS **5809 COUNTRYSIDE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **TALLAHASSEE FL 32317 (ZIP ONLY)**

TITLE **VPD** Delete
NAME **CARLEN, JEFF**
STREET ADDRESS **3021 FERMANAGH DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change Addition
NAME **VPD BROOKS, SAM**
STREET ADDRESS **1213 TALBOT AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** Delete
NAME **BRUCE, WOLIN**
STREET ADDRESS **6631 RUGH COURT TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32309**

TITLE Change Addition
NAME **TD BRUCE WOLIN**
STREET ADDRESS **1011 HURON TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

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* **BRUCE WOLIN**

1/20/2003 (850) 410-9217

CR2E037 (10/02)