

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23485 (8)**
1. Corporation Name
GOLDA MEIR CENTER ENDOWMENT CORPORATION



Principal Place of Business: 36401 US 19 NO, PALM HARBOR FL 34684 US
Mailing Address: PO BOX 5186, PALM HARBOR FL 34684 US

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 03/31/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
4191, INC. 36401 US 19 NO PALM HARBOR FL 34684				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTENBERG, MARC	1.2 NAME	
STREET ADDRESS	36401 US 19 NO	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTENBERG, CHARLES	2.2 NAME	
STREET ADDRESS	36401 US 19 NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, REVA	3.2 NAME	
STREET ADDRESS	3136 MASTERS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Charles Rutenberg 5/13/96 (813) 785-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)