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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N23485

1. Corporation Name

GOLDA MEIR CENTER ENDOWMENT CORPORATION

Principal Place of Business

3263 HYDE PARK DR. CLEARWATER FL 33761 US

Mailing Address

3263 HYDE PARK DR. CLEARWATER FL 33761 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country 30

3. Date Incorporated or Qualified

11/17/1987

4. FEI Number

59-2861129

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RUTENBERG, CHARLES 3263 HYDE PARK DR. CLEARWATER FL 33761-1812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD NAME RUTENBERG, CHARLES STREET ADDRESS 3263 HYDE PARK DRIVE CLEARWATER FL CITY-ST-ZIP

TITLE SD NAME KENT, REVA STREET ADDRESS 3136 MASTERS DRIVE CLEARWATER FL CITY-ST-ZIP

TITLE D NAME SELIGMAN, LEONARD STREET ADDRESS 14221 TORREY PINES CT CLEARWATER FL CITY-ST-ZIP

TITLE D NAME SHAPIRO, JIM STREET ADDRESS 14221 PASSAGE WAY LARGO FL CITY-ST-ZIP

TITLE D NAME SOBEL, MICHAEL STREET ADDRESS 3407 TARPON WOODS BLVD PALM HARBOR FL CITY-ST-ZIP

TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 3263 Hyde Park Drive 1.4 CITY-ST-ZIP 33761

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

Daytime Phone #

CR2E037 (1/198)