


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N23485 1. Entity Name GOLDA MEIR CENTER ENDOWMENT CORPORATION	
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Principal Place of Business 3263 HYDE PARK DR. CLEARWATER FL 33761 US	Mailing Address 3263 HYDE PARK DR. CLEARWATER FL 33761 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address		4. FEI Number 59-2861129
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
RUTENBERG, CHARLES 3263 HYDE PARK DR. CLEARWATER FL 33761-1812

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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	
TITLE	PTD RUTENBERG, CHARLES <input type="checkbox"/> Delete
NAME	3263 HYDE PARK DR CLEARWATER FL
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	SD KENT, REVA <input type="checkbox"/> Delete
TITLE	3136 MASTERS DRIVE CLEARWATER FL
NAME	CITY - ST - ZIP
STREET ADDRESS	D NEWMARK, STAN <input type="checkbox"/> Delete
CITY - ST - ZIP	3151 OYSTER BAYOU WAY CLEARWATER FL 33759
TITLE	D SHAPIRO, JIM <input type="checkbox"/> Delete
NAME	14221 PASSAGE WAY LARGO FL
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	D SOBEL, MICHAEL <input type="checkbox"/> Delete
TITLE	3407 TARPON WOODS BLVD PALM HARBOR FL
NAME	CITY - ST - ZIP
STREET ADDRESS	TITLE <input type="checkbox"/> Delete
CITY - ST - ZIP	NAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000041656 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	02/09/04-80038-019 61.25
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<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)(f), 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: *Charles Rutenberg* 1-27-04 727-787-7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #