## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra <del>Č. Morth</del>im ANNUAL REPORT 97 OCT 15 AM 9: 42 Secretary of State · 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLARMASER, FLORIDA **DOCUMENT #** (4)1. Corporation Name SARASOTA-MANATEE JEWISH COMMUNITY CENTER, INC. Principal Place of Business Mailing Address 582 S. MCINTOSH ROAD 582 S. MCINTOSH ROAD SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1988 04/30/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0076929 21 26 Not Applicable Suite, Apl. #, etc. Suite. Apt. #Letc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Yes 25 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GORDON, SCOTT E. 82 Street Address (P.O. Box Number is Not Acceptable) 582 S. MCINTOSH ROAD 83 SARASOTA FL 34232 64 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE , P, Change ... Addition PD KRINSKY, QINA NAME 1.2 NAME Liz Klaber 4445 OAK VIEW DR. STREET ADDRESS 1.3 STREET ADDRESS 4461 Violet Ave. SARASOTA FL CITY-ST-ZIP 14 CITY-ST-ZIP Saraspta, FL 34233 DELETE Change Addition TITLE VD 2.1 TITLE NAME BROWN, PAM 2.2 NAME Honey Salzman STREET ADDRESS 1232 SOUTH-VIEW DR. 2.3 STREET ADDRESS 3133 Windrush Bourne Sarasota, FL 34235 SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change 3d Addition TITLE 3.1 TITLE WERTHELMER, PATTI NAME 3.2 NAME Milton Axelrad 4730 EAST TRAILS DR. STREET ADDRESS 3.3 STREET ADDRESS 535 Sanctuary Dr. #A601 Longboat Key, FL 34228 Change SARASOTA FL CITY-ST-ZIP 34. CITY-ST-ZIP X DELETE TITLE 4.1 TITLE SEC KOMARÎN, CHET NAME 4. 2 NAME Mark Schwartz 4740 MEADOWVIEW CIRCLE STREET ADDRESS 4.3 STREET ADDRESS 4860 Hanging Moss Lane SARASOTA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Sarasota, FL 34238 Change ייעוד DELETE Addition TITLE 5.1 TITLE ZELITT, STEPHEN NAME 5.2 NAME 3421 BEEKMAN PL. R. STREET ADDRESS 5.3 STREET ADDRESS 400002325274--1 SARASOTA FL 10/21/97-01024-020 CITY-ST-ZIP 5.4 CHTY-ST-ZIP  $\sqrt{\mathcal{L}''}$ DELETE TITLE 6.1 TITLE \*\*\*\*61,25 WEINSTEIN, JUDY NAME 6.2 NAME 10-2 4618 TRAILS DR. STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP

SARASOTA FL

14. I do 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.

SIGNATURE:

6.4 City-ST-ZiP