

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000003394 (2)

1. Corporation Name

SARASOTA MANATEE JEWISH COMMUNITY DAY SCHOOL, IN C.



Principal Place of Business: 580 SOUTH MCINTOSH ROAD, SARASOTA FL 34232
Mailing Address: 580 SOUTH MCINTOSH ROAD, SARASOTA FL 34232

3. Date Incorporated or Qualified: 07/18/1995
3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 650639713
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DICTOR, WAYNE, 580 SOUTH MCINTOSH ROAD, SARASOTA FL 34232

10. Name and Address of New Registered Agent (81-85) fields.

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICTOR, WAYNE	
STREET ADDRESS	5621 FORESTER POND AVENUE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GODOFSKY, LYNNE	
STREET ADDRESS	1368 LANDINGS DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SEAF, KAREN	
STREET ADDRESS	1621 OAK CIRCLE SOUTH	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TARLOW, JANE	
STREET ADDRESS	5394 DOMINICA CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIRSCHNER, ANNETTE	
STREET ADDRESS	3983 COUNTRY VIEW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUBIN, RORY	
STREET ADDRESS	2462 BRIAR OAK CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Karen Seaf	
4.3 STREET ADDRESS	1621 Oak Cir So.	
4.4 CITY-ST-ZIP	Sarasota 34232	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ DATE: 2/23/96 (41) 378-4500

CR2E037 (12/95)