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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003632 (4)

GULF COAST SOCIETY OF HUMANISTIC JUDAISM, INC.

Principal Place of Business

7324 GOLF POINTE CIRCLE
SARASOTA FL 34243

2. Principal Place of Business

2a. Mailing Address

2a. Mailing Address

2b. Mailing Address

2c. Principal Place of Business

2c. Principal Place of Business

2c. Mailing Address

2c. Mailing Address

07/08/1996 4. FEI Number Applied For 65-067 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for Intangible tax under s. 199.032, Florida Statutes
 Yes
 No Country Zıp 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

HANDELMAN, ETTIE
7324 GOLF POINTE CIRCLE
SARASOTA FL 34243

81 Name

82 Street Addr

83

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

3. Date Incorporated or Qualified

FILED

Mar 03 1997 8:00am

Secretary of State

3a. Date of Last Report

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. Lam familiar with, and accept the obligations of Section 617.0503. Florida Statutes.

agen I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.						
SIGNATURE Ettie Handelman	2/9/97					
Signature typed or printed hame of registered agent and title if applicable (NOTE: R	Registered Agent alignature required when reinstalling) DATE					
2. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
THE PRES FTTLE HANDELMAN DELETE	BAREOF DIR FRED & SYLVIA KAN FUCHANOE / D Additio					

	OF IGENOTING DIRECTORS		7.00/110/10/01 # (020 10 0) 1 (02) # (10 0 11 10 0)
TITLE RRES,	ETTIE HANDELMAN DELETE	杨MEOF DI	FRED & SYLVIA KAY FUCTION Addition
NAME	7324 GOLF POINTE CIRCLE	1.2 NAME	4275 CARRIAGE DR.
STREET ADDRESS	SARAGOTA, FLA. 34243	1.3 STREET ADDRESS	BARAGOTA, FLA. 34241
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITL V , P,	JOAN FOX DELETE	Bipheor DII	RUTH LEVIN. Change Addition
NAME	1307 LANDINGS DR.	2.2 NAME	7145 FAIRWAY BEND CIRCLE
STREET ADDRESS	SARASOTA, FLA. 34242	2.3 STREET ADDRESS	
CITY - ST - ZIP		2. 4 CITY-ST-ZIP	
THU SEC.	BETTY PELLETZ DELETE	图 DEDF DIA	JACKIE & PAUL HEYMAN Change Addition
NAME	1448 GULF OF MEXICO DR	3.2 NAME	3947 SPY & LASS HILLS RD
STREET ADDRESS	LONGBOAT KEY, FLA. 34228	3.3 STREET ADDRESS	SARASOTA, FLA. 34238
CiTY-ST-ZIP		3.4. CITY-ST-ZiP	
THETREAS	STANLEY PELLETZ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	1446 GULF OF MEXICO DR	4. 2 NAME	
	LONGBOAT KEY, FLA. 34228	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
Bowf Dir.	MARCIA & PAUL HIMELHOCH	5.1 TITLE	Change Addition
NAME	408 LAKEVIEW OR.	5.2 NAME	
STREET ADDRESS	MINCHAR FLA SILLER	5.3 STREET ADDRESS	

BOHOF DIR SHARON KATZ DELETE 6.1 TITLE DANGE Addition

NAME 1111 BAY SHORE BLVB A-4

STREET ADDRESS CLEARWATER, FLA. 34238 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CHY-ST-ZIP

CHARWATER CHARWATER SHARWATER SHARW

5.4 CITY - ST - ZIP

14. Ido 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 charged, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/9/27

355 - 2323 Daytime Phone * 00334 CR2E037 (9/96