

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 704147 (8)  
1. Corporation Name  
**THE JEWISH FEDERATION OF GREATER ORLANDO, INC.**



Principal Place of Business: 851 N. MAITLAND AVE. PO BOX 1508 MAITLAND FL 32751  
Mailing Address: 851 N. MAITLAND AVE. PO BOX 1508 MAITLAND FL 32751

3. Date Incorporated or Qualified: 06/11/1962  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-0946923  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
COOPER, MARK  
200 E ROBINSON ST  
ORLANDO FL 32801

10. Name and Address of New Registered Agent  
81 Name: Susan Bierman, President  
82 Street Address (P.O. Box Number is Not Acceptable): 1110 S. w. Ivanhoe Blvd. #30  
83 City: Orlando, FL 32804  
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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Susan Bierman* (Signature) SUSAN BIERMAN, PRESIDENT (Name) 4-18-96 (Date)  
(NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRASNOW, NEAL	
STREET ADDRESS	627 PERSHING DR.	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STANLEY, ROBERTS	
STREET ADDRESS	420 W. TROTTERS DR.	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FEINBERG, STEPHEN D	
STREET ADDRESS	270 W. SPRING LAKE DRIVE	
CITY-ST-ZIP	ALTAMONTE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRODIN, JAMES	
STREET ADDRESS	207 SMOKERISE BLVD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	BIERMAN, SUSAN C	
STREET ADDRESS	1110 SW IVANHOE BLVD #30	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINER, I. RICHARD	
STREET ADDRESS	3723 LAKE SARAH DR.	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	405 Kilshore La.	
1.4 CITY-ST-ZIP	Winter Park, Fl 32789-3533	
2.1 TITLE	XX V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1754 Taylor Ave.	
2.4 CITY-ST-ZIP	Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Albert D. Capouano	
3.3 STREET ADDRESS	c/o Dean Mead, P.O. Box 2346	
3.4 CITY-ST-ZIP	Orlando, FL 32802-2346	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001795678	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	-04/26/96--01021--014	
5.4 CITY-ST-ZIP	***\$1.25	
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, unchanged, or on an attachment with an address.

SIGNATURE: *Neal M. Crasnow* (Signature) 4/18/96 (Date) 407-645-5933 (Daytime Phone #)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

4/18/96