

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23485** (8)
1. Corporation Name
GOLDA MEIR CENTER ENDOWMENT CORPORATION

Principal Place of Business 3140 MASTES DR CLEARWATER FL 34621 US	Mailing Address 3140 MASTER DR CLEARWATER FL 34621 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33761 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33761 30 Country
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3. Date Incorporated or Qualified 11/17/1987	Applied For Not Applicable
4. FEI Number 59-2861129	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RUTENBERG, CHARLES
3140 MASTERS DRI
CLEARWATER FL 33761**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PTD RUTENBERG, CHARLES
STREET ADDRESS	3140 MASTER DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD KENT, REVA
STREET ADDRESS	3136 MASTERS DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SELIGMAN, LEONARD <i>Torrey</i>
STREET ADDRESS	14221 PINE PINES COURT
CITY-ST-ZIP	CLEARWATER FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SHAPIRO, JIM
STREET ADDRESS	14221 PASSAGE WAY
CITY-ST-ZIP	LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SOBEL, MICHAEL
STREET ADDRESS	3407 TARPON WOODS BLVD
CITY-ST-ZIP	PALM HARBOR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D Seligman, Leonard
3.3 STREET ADDRESS	14221 Torrey Pines Ct.
3.4 CITY-ST-ZIP	Clearwater, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *[Signature]*

4/16/98

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