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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 704147		
1. Corporation Name THE JEWISH FEDERATION OF GREATER ORLANDO, INC.		
Principal Place of Business 851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US	Mailing Address 851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/11/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0946923
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GEBOFF, ERIC S. 897 AVIARY BAY CIRCLE LONGWOOD FL 32750	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRASNOW, NEAL 405 KILSHORE LA. WINTER PARK FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T DELETED UDELL, BRUCE 455 LONGMEADOW LANE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORNSTEIN, DAVID 609 AVALON BLVD. ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, HAROLD 660 CRICKLEWOOD TERR LAKE MARY FL 32746	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP KLAINAN, DR. ALLAN 160 VISTA OAK DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUCHS, ROZ 956 STONEWOOD LANE MAITLAND FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P GRODIN, JAMES 207 SMOKERISE BLVD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABRAMSON, MARK 121 SHELL POINT WEST MAITLAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEBOFF, ERIC S. 897 AVIARY BAY CIRCLE LONGWOOD FL	6.1 TITLE 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/22/99** Daytime Phone #: **(407)645-5983**

CR2E037-11198