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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90104 036 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730118

1. Corporation Name

GULF COAST JEWISH FAMILY AND MENTAL HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

14041 ICOT BOULEVARD
CLEARWATER FL 33760
US

14041 ICOT BOULEVARD
CLEARWATER FL 33760
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/02/1974
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1229354
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
14041 ICOT BOULEVARD
CLEARWATER FL 33760

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, DAVID	1.2 NAME	
STREET ADDRESS	2424 ENTERPRISE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENSH, MYRON	2.2 NAME	
STREET ADDRESS	111 2ND AVE NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBLE, JAMES	3.2 NAME	
STREET ADDRESS	2700 LANDMARK CENTRE, 401 E JACKSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, BARBARA	4.2 NAME	
STREET ADDRESS	2961 WEST BAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIR BLUFFS FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKOL, RONALD	5.2 NAME	
STREET ADDRESS	4973 60TH AVE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MICHAEL	6.2 NAME	
STREET ADDRESS	14041 ICOT BOULEVARD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)