

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714320

**Entity Name:** MENORAH CENTER, INC.

**Current Principal Place of Business:**

250 58TH STREET NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

250 58TH STREET NORTH  
ST. PETERSBURG, FL 33710

**FEI Number:** 59-1268962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LECOMPTE, MORRIS A ESQ.  
5245 CENTRAL AVENUE  
SAINT PETERSBURG, FL 33710 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MORRIS A. LECOMPTE

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name JACOB, LUSKI RABBI  
Address 6600 SUNSET WAY  
317  
City-State-Zip: ST. PETE BEACH FL 33706

Title VP/S  
Name MARGER, BILL  
Address 6168 4TH AVENUE NORTH  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR  
Name LECOMPTE, MORRIS A.  
Address 5245 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33710

Title DIRECTOR  
Name BENJAMIN, MARK MD  
Address 108 HARBORVIEW LANE  
City-State-Zip: LARGO FL 33770

Title PRESIDENT  
Name SEMBLER, GREG  
Address 5858 CENTRAL AVENUE  
City-State-Zip: ST. PETERSBURG FL 33707

Title TREASURER  
Name CLARK, NANCY  
Address 1382 BRIGHTWATERS BLVD. NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR  
Name DAVIS, GERALD  
Address 1336 COUNTRY CLUB RD. N.  
City-State-Zip: ST. PETERSBURG FL 33710

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREG SEMBLER

PRESIDENT

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date