

2015 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

03/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name JACOB, LUSKI RABBI
Address 6292 3RD AVENUE NORTH
City-State-Zip: ST PETERSBURG FL 33710

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

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

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

Title D
Name SHER, CRAIG
Address 5858 CENTRAL AVENUE
City-State-Zip: ST. PETERSBURG FL 33707

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

Title D
Name FREID, LARRY
Address 9913 SAGO POINT DRIVE
City-State-Zip: LARGO FL 33777

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: MARK BENJAMIN

PRESIDENT

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date