| Title                                       | PRESIDENT                                                                             | Title                                       | SECRETARY/TREASURER                                                |
|---------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|
| Name                                        | SEMBLER, GREG                                                                         | Name                                        | MARGER, BILL                                                       |
| Address                                     | 5858 CENTRAL AVENUE                                                                   | Address                                     | 6168 4TH AVENUE                                                    |
| City-State-Zip:                             | ST. PETERSBBURG FL 33707                                                              | City-State-Zip:                             | ST. PETERSBURG FL 33710                                            |
| Title                                       | TREASURER                                                                             | Title                                       | DIRECTOR                                                           |
| Name                                        | CLARK, NANCY                                                                          | Name                                        | LUSKI RABBI, JACOB                                                 |
| Address                                     | 1382 BRIGHTWATERS BOULEVARD                                                           | Address                                     | 6600 SUNSET WAY #317                                               |
| City-State-Zip:                             | NE<br>ST. PETERSBURG FL 33704                                                         | City-State-Zip:                             | ST. PETERSBURG FL 33706                                            |
| <b>-</b>                                    |                                                                                       | Title                                       | DIRECTOR                                                           |
|                                             |                                                                                       | Name                                        |                                                                    |
| Title                                       | DIRECTOR                                                                              | Name                                        | BENJAMIN MD, MARK                                                  |
| Name                                        | DIRECTOR<br>LECOMPTE ESQ, MORRIS A.                                                   | Name<br>Address                             | BENJAMIN MD, MARK<br>108 HARBORVIEW LANE                           |
|                                             |                                                                                       |                                             | 108 HARBORVIEW LANE                                                |
| Name                                        | LECOMPTE ESQ, MORRIS A.<br>5245 CENTRAL AVENUE                                        | Address                                     | 108 HARBORVIEW LANE                                                |
| Name<br>Address<br>City-State-Zip:          | LECOMPTE ESQ, MORRIS A.<br>5245 CENTRAL AVENUE<br>ST. PETERSBURG FL 33710             | Address                                     | 108 HARBORVIEW LANE                                                |
| Name<br>Address<br>City-State-Zip:<br>Title | LECOMPTE ESQ, MORRIS A.<br>5245 CENTRAL AVENUE<br>ST. PETERSBURG FL 33710<br>DIRECTOR | Address<br>City-State-Zip:                  | 108 HARBORVIEW LANE<br>LARGO FL 33770                              |
| Name<br>Address<br>City-State-Zip:          | LECOMPTE ESQ, MORRIS A.<br>5245 CENTRAL AVENUE<br>ST. PETERSBURG FL 33710             | Address<br>City-State-Zip:<br>Title         | 108 HARBORVIEW LANE<br>LARGO FL 33770<br>DIRECTOR                  |
| Name<br>Address<br>City-State-Zip:<br>Title | LECOMPTE ESQ, MORRIS A.<br>5245 CENTRAL AVENUE<br>ST. PETERSBURG FL 33710<br>DIRECTOR | Address<br>City-State-Zip:<br>Title<br>Name | 108 HARBORVIEW LANE<br>LARGO FL 33770<br>DIRECTOR<br>DAVIS, GERALD |

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 Electronic Signature of Registered Agent **Officer/Director Detail :**

02/13/2024

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: GREG SEMBLER

PRESIDENT

02/13/2024

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

### 2024 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