

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730118

Entity Name: GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.**FILED**
Jan 27, 2014
Secretary of State
CC8394457838**Current Principal Place of Business:**14041 ICOT BOULEVARD
CLEARWATER, FL 33760**Current Mailing Address:**14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US**FEI Number: 59-1229354****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WASHINKO, CARLA
14041 ICOT BOULEVARD
CLEARWATER, FL 33760 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CD
Name	STERENSIS, BARBARA
Address	8912 LAUREL DRIVE
City-State-Zip:	PINELLAS PARK FL 33782

Title	VCD
Name	MILLER, JAY
Address	405 CENTRAL AVENUE
City-State-Zip:	ST. PETERSBURG FL 33701

Title	TD
Name	PILKINGTON, DAVID
Address	17757 US HIGHWAY 19, SUITE 660
City-State-Zip:	CLEARWATER FL 33774

Title	SD
Name	KLEIN, GARY
Address	1575 CURLE W RD
City-State-Zip:	PALM HARBOR FL 34683

Title	PRESIDENT & CEO
Name	TATRAI-RAY, ROCHELLE
Address	14041 ICOT BOULEVARD
City-State-Zip:	CLEARWATER FL

Title	VP
Name	WASHINKO, CARLA
Address	14041 ICOT BOULEVARD
City-State-Zip:	CLEARWATER FL 33760

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: CARLA WASHINKO**EXEC. VP/CFO****01/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date