

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730118

**Entity Name:** GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC.**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC5068584044****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:**BACKLUND, MICHELLE  
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: MICHELLE BACKLUND****02/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CFO
Name	BACKLUND, MICHELLE
Address	14041 ICOT BOULEVARD
City-State-Zip:	CLEARWATER FL 33760

Title	CHAIRMAN
Name	KLAVANS, JULIE
Address	8871 SILVERTHORN ROAD
City-State-Zip:	LARGO FL 33777

Title	VC
Name	BENJAMIN, JUDY
Address	300 BEACH DRIVE NE #602
City-State-Zip:	ST. PETERSBURG FL 33701

Title	SECRETARY
Name	ZIEGLER, TERRI
Address	309 ORANGEWOOD LANE
City-State-Zip:	LARGO FL 33770

Title	PRESIDENT/CEO
Name	BRAHAM, SANDRA
Address	14041 ICOT BLVD.
City-State-Zip:	CLEARWATER FL 33760

Title	TREASURER
Name	TYLMAN, FRANK
Address	135 BAY POINT DRIVE NE
City-State-Zip:	ST. PETERSBURG FL 33704

*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: MICHELLE BACKLUND****CFO****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date