

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755531

Entity Name: TAMPA-ORLANDO-PINELLAS JEWISH FOUNDATION, INC.**Current Principal Place of Business:**13009 COMMUNITY CAMPUS DR
TAMPA, FL 33625**Current Mailing Address:**13009 COMMUNITY CAMPUS DR
TAMPA, FL 33625 US**FEI Number: 59-2053655****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LANE, KEVIN
13009 COMMUNITY CAMPUS DR
TAMPA, FL 33625 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	VP
Name	TEBLUM, GARY
Address	2700 BANK OF AMERICA PLAZA
City-State-Zip:	TAMPA FL 33602

Title	PD
Name	GENDZIER, DEBBY
Address	637 LONGVIEW PLACE
City-State-Zip:	LONGWOOD FL 32779

Title	TD
Name	KALISH, WILLIAM
Address	401 E JACKSON STREET, #1700
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	KOKOL, BOB
Address	2102 W, PLATT STREET, #108
City-State-Zip:	TAMPA FL 33606

Title	SD
Name	WALK, ROCHELLE
Address	371 CHANNELSIDE WALK WAY #404
City-State-Zip:	TAMPA FL 33602

Title	DIRECTOR
Name	SOCASH, EMILIE
Address	13009 COMMUNITY CAMPUS DR
City-State-Zip:	TAMPA FL 33625

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: EMILIE SOCASH**DIRECTOR****05/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date