

2017 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:**KALISH, WILLIAM
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:** WILLIAM KALISH

04/19/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, INVESTMENT
Name WISE, BONNIE
Address 13009 COMMUNITY CAMPUS DR
City-State-Zip: TAMPA FL 33625

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

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

Title TD, TREASURER
Name POLEJES, CRAIG
Address 2110 FORREST ROAD
City-State-Zip: WINTER PARK FL 32789-6025

Title VP, LEGAL
Name DIAMOND, BENJAMIN F
Address 699 FIRST AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33701

Title SECRETARY
Name HERMAN, JEFF
Address 13009 COMMUNITY CAMPUS DRIVE
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**

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date