

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

DOCUMENT# 769716

**Entity Name:** APALACHEE FEDERATION OF JEWISH CHARITIES, INC.

**Current Principal Place of Business:**

C/O IRWIN KANTROWITZ  
422 VINNEDGE RIDE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

P.O. BOX 14825  
TALLAHASSEE, FL 32317-4825 US

**FEI Number: 59-2406976**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KANTROWITZ, IRWIN  
422 VINNEDGE RIDE  
TALLAHASSEE, FL 32303 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           DIRECTOR  
Name           KAPP, MARSHALL  
Address        625 EAGLE VIEW CIRCLE  
City-State-Zip: TALLAHASSEE FL 32311

Title           D  
Name           KANTROWITZ, IRWIN  
Address        422 VINNEDGE RIDE  
City-State-Zip: TALLAHASSEE FL 32303

Title           TREASURER  
Name           KIMELMAN, SAM  
Address        2913 BRANDEMERE DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title           PRESIDENT  
Name           GOLDMAN, MARK  
Address        3584 WOODHILL DRIVE  
City-State-Zip: TALLAHASSEE FL 32303

*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: SAM N KIMELMAN**

**TREASURER**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date