

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769716

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

**Current Principal Place of Business:**

1858 CELTIC RD  
TALLAHASSEE, FL 32317

**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:**

CAVALLO, ASHLEY  
1858 CELTIC ROAD  
TALLAHASSEE, FL 32317 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:** ASHLEY CAVALLO

01/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CAVALLO, ASHLEY  
Address P.O. BOX 14825  
City-State-Zip: TALLAHASSEE FL 32317-4825

Title PRESIDENT  
Name YARIV, MEGAN  
Address P.O. BOX 14825  
City-State-Zip: TALLAHASSEE FL 32317-4825

Title TREASURER  
Name MILLER, SETH  
Address P.O. BOX 14825  
City-State-Zip: TALLAHASSEE FL 32317-4825

Title IMMEDIATE PAST PRESIDENT  
Name SIMON, ELLEN  
Address P.O. BOX 14825  
City-State-Zip: TALLAHASSEE FL 32317-4825

Title SECRETARY  
Name RACHIN, ROBYN  
Address P.O. BOX 14825  
City-State-Zip: TALLAHASSEE FL 32317-4825

Title ANNUAL CAMPAIGN CHAIR  
Name LIPNER, SANDRA  
Address P.O. BOX 14825  
City-State-Zip: TALLAHASSEE FL 32317-4825

*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:** MEGAN ELIZABETH YARIV

PRESIDENT

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date