

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12650

Entity Name: HILLEL JEWISH STUDENT CENTER OF TAMPA, INC.**Current Principal Place of Business:**13101 USF SYCAMORE DRIVE
TAMPA, FL 33617**Current Mailing Address:**PO BOX 290756
TAMPA, FL 33687-0756 US**FEI Number:** 52-1758800**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOLDSTEIN, BRUCE
500 E. KENNEDY BLVD.
101-A
TAMPA, FL 33602 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	PRESIDENT
Name	INGBER, SARA
Address	PO BOX 290756
City-State-Zip:	TAMPA FL 33687-0756

Title	VP
Name	DOLINER, DEBBIE
Address	PO BOX 290756
City-State-Zip:	TAMPA FL 33687-0756

Title	TREASURER
Name	GOLDSTEIN, BRUCE
Address	PO BOX 290756
City-State-Zip:	TAMPA FL 33687-0756

Title	DIRECTOR
Name	ROSENTHAL, ED RABBI
Address	PO BOX 290756
City-State-Zip:	TAMPA FL 33687-0756

Title	SECRETARY
Name	KORENVAES, CYNTHIA
Address	PO BOX 290756
City-State-Zip:	TAMPA FL 33687-0756

Title	COO
Name	WOLF, LINDA
Address	PO BOX 290756
City-State-Zip:	TAMPA FL 33687-0756

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: ED ROSENTHAL**EXECUTIVE DIRECTOR****01/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date