

**2021 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 33620-3122**Current Mailing Address:**13101 USF SYCAMORE DRIVE  
TAMPA, FL 33620-3122 US**FEI Number:** 52-1758800**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLF, LINDA  
13101 USF SYCAMORE DRIVE  
TAMPA, FL 33620-3122 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	13101 USF SYCAMORE DRIVE
City-State-Zip:	TAMPA FL 33620

Title	TREASURER
Name	MARX, MERRILL
Address	13101 USF SYCAMORE DRIVE
City-State-Zip:	TAMPA FL 33620

Title	SECRETARY
Name	KORENVAES, CYNTHIA
Address	13101 USF SYCAMORE DRIVE
City-State-Zip:	TAMPA FL 33620

Title	VP
Name	DOLINER, DEBBIE
Address	13101 USF SYCAMORE DRIVE
City-State-Zip:	TAMPA FL 33620

Title	DIRECTOR
Name	ROSENTHAL, ED RABBI
Address	13101 USF SYCAMORE DRIVE
City-State-Zip:	TAMPA FL 33620

Title	COO
Name	WOLF, LINDA
Address	13101 USF SYCAMORE DRIVE
City-State-Zip:	TAMPA FL 33620

*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:** LINDA WOLF

COO

02/03/2021

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