FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:13

DOCUMENT # 701018 (4)

1. Corporation Name
THE JEWISH COMMUNITY CENTER OF TAMPA INC.

Principal Place of Business	Mailing Address
6617 GUN HIGHWAY TAMPA FL 33625	6617 GUN HIGHWAY TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1960
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-0624413 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOGGS, DAVID M. 215 MADISON ST. TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	President /PD	☒ Change ☐ Addition
NAME	ALBERT, DAN	1.2 NAME	Alice Rosenthal	
STREET ADDRESS	50 AEGEAN AVE	1.3 STREET ADDRESS	4106 Carrollwood Village Dr	
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	Tampa, Fl 33624	
TITLE	TD	2.1 TITLE	Treasurer /TD	☒ Change ☐ Addition
NAME	TOBIN, LEE	2.2 NAME	Joe Grody	
STREET ADDRESS	2108 W. MARJORY AVE	2.3 STREET ADDRESS	17960 Gulf Blvd #124	
CITY-ST-ZIP	TAMPA FL 33606	2.4 CITY-ST-ZIP	Redington Shore,Fl 33708	
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MOSKOVITZ, MEG	3.2 NAME	Debbie Rosenthal	
STREET ADDRESS	14201 SHIPPEN WAY	3.3 STREET ADDRESS	4942 Melrose Avenue	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Fl 33629	
TITLE	VP	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	TITEN, GAIL	4.2 NAME	Eddie Siegel	
STREET ADDRESS	5008 GARRICK COURT	4.3 STREET ADDRESS	12910 Pepper Place	
CITY-ST-ZIP	TAMPA FL 33624	4.4 CITY-ST-ZIP	Tampa, Fl 33624	
TITLE	ED	5.1 TITLE	ED	☒ Change ☐ Addition
NAME	MOCK, SHARON H	5.2 NAME	Hal Bordy	
STREET ADDRESS	6617 GUNN HIGHWAY	5.3 STREET ADDRESS	6617 Gunn Highway	
CITY-ST-ZIP	TAMPA FL 33625	5.4 CITY-ST-ZIP	Tampa, Fl 33625	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/16/95 (813)244-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HAL BORDY

0084785