

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

1995



APPROVED AND FILED

DOCUMENT # 702276

(7)

COUNTY - PINELLAS 01

JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.

GEORGIA PACIFIC STATE
TALLAHASSEE, FLORIDA

21. Mailing Address		26. Mailing Address		3. Date first organized or qualified		3a. Date of last report	
5001 DUHME ROAD MADEIRA BEACH FL 33708		5001 DUHME ROAD MADEIRA BEACH FL 33708		04/13/1961		04/01/1994	
22. Mailing Address		27. Mailing Address		4. FIC Number		Approved For	
				59-1575476		Not Applicable	
23. Mailing Address		28. Mailing Address		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
24. Mailing Address		29. Mailing Address		6. For Non-Corporate Filings and Florida Filings		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>		<input type="checkbox"/>	
				7. Nonprofit with IRS Section 501(c)(3) Status		\$68.75 Supplemental Fee Not Required	
				<input type="checkbox"/>		<input type="checkbox"/>	
				8. This corporation has failed, for intangible tax under § 199.02, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KANNER, MENI 5010 PARK BLVD. PENELLAS PARK FL 34665				B1. Name			
				B2. Street Address (P.O. Box Numbers Not Acceptable)			
				B3. City			
				B4. State		B5. Zip Code	
FL							

11. This corporation, in accordance with Sections 199.02 and 199.03, Florida Statutes, hereby certifies that the information furnished herein is true and correct and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida and my address is as follows:

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
NAME	PD SHARI FUSS 11465 4TH STREET E. TREASURE ISLAND FL 33708	NAME	[] Change [] Add/In
NAME	VD FRANKEL, RON 7217 17TH COURT NE ST. PETERSBURG FL 33702	NAME	[] Change [] Add/In
NAME	TD SMAJOVITS, URI 6145 SUN BLVD. ST PETERSBURG FL 33715	NAME	[] Change [] Add/In
NAME		NAME	[] Change [] Add/In
NAME		NAME	[] Change [] Add/In
NAME		NAME	[] Change [] Add/In
NAME		NAME	[] Change [] Add/In
NAME		NAME	[] Change [] Add/In
NAME		NAME	[] Change [] Add/In

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, for the reasons stated in Sections 199.02 and 199.03, Florida Statutes. I further certify that the information furnished in this report is a true and correct statement of the corporation's financial condition and that my signature shall have the same legal effect as if made under oath. I understand the effect of this report as required by Sections 199.02 and 199.03, Florida Statutes, and that my name appears in Block 12 and Block 13 of this report in accordance with the instructions.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (813) 392-3424