

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 702276 (7)**  
 1. Corporation Name  
**JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.**



Principal Place of Business 5001 DUHME ROAD MADEIRA BEACH FL 33708	Mailing Address 5001 DUHME ROAD MADEIRA BEACH FL 33708-2750
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/13/1961	3a. Date of Last Report 03/15/1996
21	26	4. FEI Number 59-1575476	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
24		30	

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		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARI FUSS	1.2 NAME	
STREET ADDRESS	11485 4TH STREET E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, RON	2.2 NAME	
STREET ADDRESS	7217 17TH COURT NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST.PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMAJOVITS, URI	3.2 NAME	
STREET ADDRESS	6145 SUN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33715	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, HARRIETT	4.2 NAME	
STREET ADDRESS	2775 KIPPS COLONY DRIVE #107	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S Liss, Madelyn
STREET ADDRESS		5.3 STREET ADDRESS	10835 Indian Hills Ct., #24
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Largo, FL 34647
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* H 10/97

CR2E037 (9/96)