

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

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702276 (7)**

1. Corporation Name  
**JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.**



Principal Place of Business <b>5001 DUHME ROAD MADEIRA BEACH FL 33708</b>	Mailing Address <b>5001 DUHME ROAD MADEIRA BEACH FL 33708</b>
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3. Date Incorporated or Qualified  
**04/13/1961**

4. FEI Number  
**59-1575476**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**KANNER, MENI  
5010 PARK BLVD.  
PENELLAS PARK FL 34685**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LISS, MADELYN</b>	1.2 NAME	<b>VD</b>
STREET ADDRESS	<b>10835 INDIAN HILLS CT., #24</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	<b>33777</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKEL, RON</b>	2.2 NAME	<b>TD</b>
STREET ADDRESS	<b>7217 17TH COURT NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST.PETERSBURG FL</b>	2.4 CITY-ST-ZIP	<b>33702</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMAJOVITS, URI</b>	3.2 NAME	
STREET ADDRESS	<b>6145 SUN BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33715</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMAN, HARRIETT</b>	4.2 NAME	
STREET ADDRESS	<b>2775 KIPPS COLONY DRIVE #107</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFPORT FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>PD Goff, Herbert</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>2444 Pelham Road</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SD Seder, Joyce</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>7925 Bayou Club Blvd.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Seminole, FL 33772</b>

14. I 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: \_\_\_\_\_ **President** (813) 392-3424

CR2E037 (10/97)