

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702276

**FILED**  
**Apr 16, 2005**  
**Secretary of State**

**Entity Name:** JEWISH COMMUNITY CENTER OF PINELLAS COUNTY,INC.

**Current Principal Place of Business:**

1212 66TH STREET NORTH  
ST PETERSBURG, FL 337106226 US

**New Principal Place of Business:**

**Current Mailing Address:**

1212 66TH ST NORTH  
ST PETERSBURG, FL 337106226 US

**New Mailing Address:**

**FEI Number:** 59-1575476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KANNER, MENI  
5010 PARK BLVD.  
PINELLAS PARK, FL 34665 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HERSHKOWITZ, HAL E  
Address: 1140 THIRD AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 337152229

Title: SD ( ) Delete  
Name: SEDER, JOYCE  
Address: 7925 BAYOU CLUB BLVD  
City-St-Zip: SEMINOLE, FL 32772

Title: PD ( ) Delete  
Name: LIEBERMAN, HARRIETT  
Address: 2775 KIPPS COLONY DR 107  
City-St-Zip: SAINT PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAL E. HERSHKOWITZ

Electronic Signature of Signing Officer or Director

TREA

04/16/2005

\_\_\_\_\_ Date