


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90208 044 ****70.00

DOCUMENT # 702276

1. Entity Name
JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC.



Principal Place of Business
**5023 CENTRAL AVE
 ST PETERSBURG, FL 33710**

Mailing Address
**5023 CENTRAL AVE
 ST PETERSBURG, FL 33710**



2. Principal Place of Business - No P.O. Box #
5023 Central Ave.

3. Mailing Address
5023 Central Ave.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip Country
33710 Pinellas

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33710 Pinellas

4. FEI Number
59-1575476

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Ron Frankel**

Street Address (P.O. Box Number Is Not Acceptable)
7217 17th Court Northeast

City **St. Petersburg** FL Zip Code **33702**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ron Frankel* DATE 01-10-07

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERSHKOWITZ, HAL E 1140 THIRD AVENUE SOUTH SAINT PETERSBURG, FL 337152229	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEDER, JOYCE 7925 BAYOU CLUB BLVD SEMINOLE, FL 32772	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBERMAN, HARRIETT 2775 KIPPS COLONY DR 107 SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David Weiss 7991 9 th Ave. South St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Madelyn Liss 10823 Indian Hills Court #30 Large, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Jay Kaminsky 12443 92 nd Terrace North Seminole, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Ron Frankel 7217 17 th Court Northeast St. Petersburg, FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joy Kaminsky* DATE: 1/10/07 DAYTIME PHONE #: (727) 549-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR