2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT #702276 1. Entity Name JEWISH COMMUNITY CENTER OF PINELLAS COUNTY, INC. Principal Place of Business Mailing Address						90208 044 ****70.0		
5023 CENTR		5023 CENTRAL AVE ST PETERSBURG, FL 3371	0		ia 30110 11010 krala opolo ob	NIN 1871 A 1871 A 1871 A 1823 1183	NKR ë l n a lerei	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 50.2.3 Payet To 1 Aug 50.2.3 Payet			<u> </u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	a) Au	01042007	Chg-NP	CR2E037 (12/06)		
St. Pp	tershura. FL	City & State	ra Fl	4. FEI Numb 59-157			pplied For ot Applicable	
3371	D Pinellag 3	222 1	country inello	℃ S	e of Status Desired	\$8.75 Ad Fee Require	ditional ed	
	6. Name and Address of Current Reg	Istered Agent	N	7. Name and	d Address of New I	Registered Agent		
KANNER, MENI 5010 PARK BLVD. Name C1 Street Addre				RON Tro	(P.O. Box Number is Not Acceptable)			
PINELLAS PARK, FL 34665			72	17 17 1	, Cum.	+ Norther	nst	
				St. Petershira FL 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 Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) Out 10-10-07 Out 2 Out 2								
SIGNATURE .	Signature, typed or printed name of registered agent and to	tie if applicable. (NOTE: Reg	stered Agent signat	उत्तर requi∗ed when reinstating)		OATE		
SIGNATURE.	Signature, typed or printed name of registered agent and to Filling Fee is \$61.25 Due by May 1, 2007	g. Election Campaig Trust Fund Contr	gn Financing	\$5.00 May Added to Fees	Be I	OATE Make check payable trida Department of S		
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The early declary dust are information supplied with this listing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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:

GHAYURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1007 (727) SM9-1808