

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702276

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

5023 CENTRAL AVE
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5023 CENTRAL AVE
ST PETERSBURG, FL 33710

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:

FRANKEL, RON
7217 17TH COURT NORTHEAST
SAINT PETERSBURG, FL 33702 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: WEISS, DAVID
Address: 7991 9TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SD () Delete
Name: KELLY, DEBORAH
Address: 9812 51ST AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: PD () Delete
Name: KAMINSKY, JAY
Address: 12443 92ND TERRACE NORTH
City-St-Zip: SEMINOLE, FL

Title: VPD () Delete
Name: FRANKEL, RON
Address: 7217 17TH COURT NORTHEAST
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: JANICE, ROTH
Address: 1206 COURT STREET
City-St-Zip: CLEARWATER, FL 33777

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 exemption stated 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 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: JANICE ROTH

TD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date