FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 704147

(8)

THE JEWISH FEDERATION OF GREATER ORLANDO, INC.

Principal Place of Business Mailing Address							1	f tillit innti antia bidat tilti ninti			# #
851 N. MAITLAND AVE. 851 N. MAITLAND AVE.											
PO BOX 1508 MAITLAND FL 32751			PO BOX 1508 MAITLAND FL 32751								
							ŀ	3. Date Incorporated or Qualified 3a. Date			•
								06/11/1962		05/01/19	995
2. Principal Pla	ce of Business	2a	. Mailing Address			•		4. FEI Number		A	pplied For
21		26						59-0946923			lot Applicable
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	П		Additional
22		27									lequired
City & State		ļ,	City & State					6. Election Campaign Financing			May Be I to Fees
23		28		1 00	untry			Trust Fund Contribution			
Zip	Country	29	Zıp	30	жигу			This corporation has liability for in Florida Statutes	ntangibie ta 1 Yes ∏	xunders. No	189.002,
24	25 9. Name and Address of Curren		stered Agent	[30]				10. Name and Address of New Re	gistered	gent	
	3. Italia atta radiosa di sara			•	81	Name					
OOOBE	NARV					S	usan	Bierman, Presid (P.O. Box Number is Not Acceptable	ent		
COOPER, MARK							10 S. w. Ivanhoe Blvd. #30				
200 E ROBINSON ST ORLANDO FL 32801			83				rlando, FL 32804				
ONLAND	N FL 32001				84			GO, IB 32004		85 Zip	Code
						'			FL	1 1	
. 11. Pursuant t	o the provisions of Sections 617,0502	and 6	17,1508, Florida Statute	s, the abo	ove-r	named o	corporation	on submits this statement for the purp	oose of cha	nging its re	egistered office
or registere familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the colligation of Social	da. Suc ion 617	ch change was authorize 7.0503, Florida Statu <u>te</u> s	ed by the	corp	oration	s board (or directors. Thereby accept the appo	intrient as	registereo	agent. s am
SIGNATURE			1 2	LSAN	- (SIE	KULA	N. TRESIDENT	4-	18-9	6
	Styriature, tu	rich title		TE Registered	d Ager	it signaturi	e required w	en (Fristating) ADDITIONS/CHANGES TO OFFI			
12.	OFFICERS AN	D DIRE	CTORS	13.			-т	ADDITIONS/CHANGES TO OFFI			Addition
TITLE	TD		DELETE	1.1 T			T		l.	Change K	
NAME	CRASNOW, NEAL				IAME		. 405	Kilshore La.			
STREET ADDRESS	627 PERSHING DR.			4				ter Park, F1 327	700_3	533	
C(TY-ST-ZIP	ALTAMONTE SPGS. FL		DELETE	2 1 T		ST-ZIP		X V		Change	Addition
TITLE	VD CTANIEV DODEDTO				IAME			•			
NAME CIRCET ADDRESS	STANLEY, ROBERTS 420 W. TROTTERS DR.					T ADDRESS	175	4 Taylor Ave.			
STREET ADDRESS	MAITLAND FL					ST-ZIP		ter Park, FL 327	789		
CITY-ST-2IP TITLE	VD		DELETE	311		<u> </u>	V	LEL TULK! IN SZ.		Change	Addition
NAME	FEINBERG, STEPHEN D		**	321	AME		1 *	bert D. Capouand		-	7 Y
STREET ADDRESS	270 W. SPRING LAKE DRIVE			335	STREE	T ADDRESS		o Dean Mead, P.O.		2346	
CITY-\$T-ZIP	ALTAMONTE FL	•		- 1		ST-ZIP	07	o bean mead, F.O. ando, FL 32802-23	146		
TITLE	S		₩ DELETE		TITLE		PET	andorry Jzovz-za	- 	Change	Addition
NAME	GRODIN, JAMES			4 2	NAME						
STREET ADDRESS	207 SMOKERISE BLVD			4.3 3	STREE	1 ADDRES	s				
CITY - ST - ZIP	LONGWOOD FL			4.4 (CITY-	ST - ZIP				-	—
TITLE	PRES		DELETE	51	TITLE			80000179 -04/26/96010	9 5 6	L Change	Addition
NAME	BIERMAN, SUSAN C				NAME			-04/2 6 /96010	0150	14	
STREET ADDRESS	1110 SW IVANHOE BLVD #	30				T ADDRES	S	***61.25			
CITY-ST-ZIP	ORLANDO FL		Films, tree			ST - ZIP				Chance	Addition
TITLE	VD		DELETE		TITLE					Change	Find watering
NAME	WEINER, I. RICHARD				NAME						
STREET ADDRESS	3723 LAKE SARAH DR.					T ADDRES	SS				
CITY-ST-ZIP	ORLANDO FL by certify that the information supplied	ام دهلان	in filing in untratadis from			ST-ZIP		the evenintion stated in Section 110	07(3)/k) F	orida Statu	tes. I further
14. I do hereb certify tha	by certify that the information supplied at the information indictied on this ann I am an officer or director of the coup in Block 12 or Block 13 ill changed (or	with th rep	is illing is voluntarily furti ort or supplemental ann	iual report	is tr	ue and	accurate	and that my signature shall have the	same lega	effect as i	f made under
oath; that	: Lam an officer or director of the double Riock 12 or Block 13 inchanged or	oration on ap	or the receiver or truste actachment with an addi	e empow ress.	ered	to exec	cute this	report as required by Chapter 617, Fi	orida Statu	ies, and th	atmyriame.
appears	I Proof Is or Proof Id Morandon Id		1 1					1 1	_		,

SIGNATURE:

D DOGANI ARONI BONIO BIDON DEBIN ORBIN ERBI DIBIN DIBIN BIDIN BEDIN DEBIN BIDIN ARONI