

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 707319 (0)**

1. Corporation Name  
**JEWISH FEDERATION OF PINELLAS COUNTY, INC.**



Principal Place of Business  
**13191 STARKEY RD  
SUITE NO 88  
LARGO FL 34643-1438  
US**

Mailing Address  
**13191 STARKEY RD  
SUITE NO. 8  
LARGO FL 34643-1438  
US**

3. Date Incorporated or Qualified **05/20/1964** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-0697685** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**TROPP, ROBERT F.  
13191 STARKEY ROAD  
SUITE NO 8  
LARGO FL 34643**

10. Name and Address of New Registered Agent  
81 Name **Mark M. Silverberg**  
82 Street Address (P.O. Box Number is Not Acceptable) **13191 Starkey Road, Suite No 8**  
83  
84 City **Largo** FL 85 Zip Code **34643-1438**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *Mark M. Silverberg* **Mark M. Silverberg, Executive Director** **April 18, 1996**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOBLE, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>2996 SANDPIPER LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, ELIHU</b>	2.2 NAME	
STREET ADDRESS	<b>2918 MILLSTREAM COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ABELSON, DAVID</b>	3.2 NAME	<b>Bentor, Gayle</b>
STREET ADDRESS	<b>4944 KILKENNEY WAY</b>	3.3 STREET ADDRESS	<b>2227 Pelham Road N.</b>
CITY-ST-ZIP	<b>OLDSMAR FL</b>	3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33710</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHER, MANDEL</b>	4.2 NAME	
STREET ADDRESS	<b>8651 MAIDSTONE COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, BARBARA</b>	5.2 NAME	
STREET ADDRESS	<b>413 BUTTONWOOD LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TROPP, ROBERT F.</b>	6.2 NAME	<b>Executive Director</b>
STREET ADDRESS	<b>11183 HAMMOCK DR</b>	6.3 STREET ADDRESS	<b>Mark M. Silverberg</b>
CITY-ST-ZIP	<b>LARGO FL</b>	6.4 CITY-ST-ZIP	<b>2763 Challenger Road</b> <b>Palm Harbor, FL 34683</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Mark S. Silverberg* **Mark S. Silverberg** 04/18/96 813-530-3223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)