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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33773-1438 US
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3. Date Incorporated or Qualified 05/20/1964	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-0697685 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARK M SILVERBERG  
13191 STARKEY ROAD  
SUITE 8  
LARGO FL 34643

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	FL	85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SOBLE, JAMES	1.2 NAME	Saul Schechter
STREET ADDRESS	2996 SANDPIPER LANE	1.3 STREET ADDRESS	2 Seaside Land #504
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Belleair, FL
TITLE	TD	2.1 TITLE	TD
NAME	BERMAN, ELIHU	2.2 NAME	David Abelson
STREET ADDRESS	2918 MILLSTREAM COURT	2.3 STREET ADDRESS	4944 Kilkenny Way
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Oldsmar, FL
TITLE	VS	3.1 TITLE	
NAME	BENTOR, GAYLE	3.2 NAME	
STREET ADDRESS	2227 PELHAM ROAD, N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	SHER, MANDEL	4.2 NAME	
STREET ADDRESS	8851 MAIDSTONE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	BERNSTEIN, BARBARA	5.2 NAME	
STREET ADDRESS	413 BUTTONWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	
NAME	MARK M SILVERBERG	6.2 NAME	
STREET ADDRESS	2763 CHALLENGER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature]*

4-15-97

(813)530-3223

CR2E037 (9/96)