


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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		Mailing Address	
13191 STARKEY RD SUITE NO 8 LARGO FL 34643-1438 US		13191 STARKEY RD SUITE NO. 8 LARGO FL 34643-1438 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country
24 33773	25	29 33773	30

3. Date Incorporated or Qualified	
05/20/1964	
4. FEI Number	Applied For
59-0697685	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
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MARK M SILVERBERG 13191 STARKEY ROAD SUITE 8 LARGO FL 34643-33773	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL 33773

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHECHTER, SAUL	1.1 TITLE	
NAME	2 SEASIDE LAND #504	1.2 NAME	
STREET ADDRESS	BELLEAIR FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD ABELSON, DAVID	2.1 TITLE	VD ABELSON, DAVID
NAME	4944 KILKENNY WAY	2.2 NAME	
STREET ADDRESS	OLDSMR FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS BENTOR, GAYLE	3.1 TITLE	TD AUGENBRAUN, BARRY
NAME	2227 PELHAM ROAD, N	3.2 NAME	1620D ROYAL PALM DR
STREET ADDRESS	ST. PETERSBURG FL	3.3 STREET ADDRESS	ST. PETERSBURG, FL 33707
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD SHER, MANDEL	4.1 TITLE	
NAME	8851 MAIDSTONE COURT	4.2 NAME	
STREET ADDRESS	LARGO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD BERNSTEIN, BARBARA	5.1 TITLE	SD BERNSTEIN, BARBARA
NAME	413 BUTTWOOD LANE	5.2 NAME	
STREET ADDRESS	LARGO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ED MARK M SILVERBERG	6.1 TITLE	
NAME	2763 CHALLENGER ROAD	6.2 NAME	
STREET ADDRESS	PALM HARBOR FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD ABELSON, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD AUGENBRAUN, BARRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1620D ROYAL PALM DR	
3.3 STREET ADDRESS	ST. PETERSBURG, FL 33707	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD BERNSTEIN, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Mark M. Silverberg 3/27/98 (818) 530-3223

CP2E037 (10/97)