

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 707319**

1. Corporation Name

**JEWISH FEDERATION OF PINELLAS COUNTY, INC.**

Principal Place of Business

13191 STARKEY RD  
STE #8  
LARGO FL 33773  
US

Mailing Address

13191 STARKEY RD  
SUITE NO. 8  
LARGO FL 33773  
US

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90008 027 \*\*\*\*61.25

3 7 1 8 5 2  
371052 - 90008 - 27



2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/20/1964

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

9. Name and Address of Current Registered Agent

MARK M SILVERBERG  
13191 STARKEY ROAD  
SUITE 8  
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name  
Bonnie Friedman  
82 Street Address (P.O. Box Number is Not Acceptable)  
13191 Starkey Road  
83 Suite 8  
84 City Largo FL 85 Zip Code 33773-1438

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

*Bonnie Friedman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHECHTER, SAUL	
STREET ADDRESS	2 SEASIDE LAND #504	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABELSON, DAVID	
STREET ADDRESS	4944 KILKENNY WAY	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AUGENBRAUN, BARRY	
STREET ADDRESS	1620D ROYAL PALM DR	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, BARBARA	
STREET ADDRESS	413 BUTTONWOOD LANE	
CITY-ST-ZIP	LARGO FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	MARK M SILVERBERG	
STREET ADDRESS	2763 CHALLENGER ROAD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beth Resnick
4.3 STREET ADDRESS	7686 Cumlerland Road
4.4 CITY-ST-ZIP	Largo, FL 33777
5.1 TITLE	ED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bonnie Friedman
5.3 STREET ADDRESS	4785 Hampton Ct.
5.4 CITY-ST-ZIP	Oldsmar, FL 34677
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, with all other like empowered.

SIGNATURE: *Bonnie Friedman* **SIGNATURE REQUIRED** *Bonnie Friedman* 4/14/99 727-530-3223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)