


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90042 008 ****61.25

DOCUMENT # 707319 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0697685	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREIDMAN, BONNIE 13191 STARKEY ROAD SUITE 8 LARGO, FL 33773			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSTOCK, MARGOT		NAME		
STREET ADDRESS	12383 WINDTREE BLVD.		STREET ADDRESS		
CITY - ST - ZIP	SEMINOLE, FL 33772		CITY - ST - ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRIEDMAN, BONNIE		NAME		
STREET ADDRESS	4785 HAMPTON COURT		STREET ADDRESS		
CITY - ST - ZIP	OLDSMAR, FL 34677		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, STEVEN		NAME	TD Vener, David	
STREET ADDRESS	1295 81ST ST S		STREET ADDRESS	8488 35 Ave N	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33707		CITY - ST - ZIP	St Petersburg, FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLC, HELENE		NAME		
STREET ADDRESS	1515 SILVER MOON LN		STREET ADDRESS		
CITY - ST - ZIP	PALM HARBOR, FL 34683		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD Laufer, Sally	
STREET ADDRESS			STREET ADDRESS	1800 Country Lane	
CITY - ST - ZIP			CITY - ST - ZIP	Palm Harbor, FL 34683	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Bonnie Friedman</i> Executive Director			03/26/04 727-530-3223		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		