

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90189 046 ****61.25

DOCUMENT # 707319

1. Entity Name
JEWSH 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**

DO NOT WRITE IN THIS SPACE



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0697685

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FREIDMAN, BONNIE
13191 STARKEY ROAD
SUITE 8
LARGO, FL 33773**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RINDE, TONI
STREET ADDRESS	3207 HILLTOP LANE
CITY- ST- ZIP	LARGO, FL 33770
TITLE	ED
NAME	FRIEDMAN, BONNIE
STREET ADDRESS	4785 HAMPTON COURT
CITY- ST- ZIP	OLDSMAR, FL 34677
TITLE	TD
NAME	MILLER, HOWARD
STREET ADDRESS	111 ESTADO WAY NE
CITY- ST- ZIP	SAINT PETERSBURG, FL 33704
TITLE	SD
NAME	ABELSON, DAVID
STREET ADDRESS	4944 KILKENNEY WAY
CITY- ST- ZIP	OLDSMAR, FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bonnie Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

(727) 530-3223
Daytime Phone #