

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707319

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: JEWISH FEDERATION OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

13191 STARKEY RD  
STE #8  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

13191 STARKEY RD  
SUITE NO. 8  
LARGO, FL 33773 US

**New Mailing Address:**

13191 STARKEY RD  
STE #8  
LARGO, FL 33773 US

FEI Number: 59-0697685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WOLSTEIN, DAVID  
Address: 503 BAYWOOD DR. S.  
City-St-Zip: DUNEDIN, FL 34698

Title: ED ( ) Delete  
Name: FRIEDMAN, BONNIE  
Address: 4785 HAMPTON COURT  
City-St-Zip: OLDSMAR, FL 34677

Title: TD ( ) Delete  
Name: ROLFE, BRIAN  
Address: 2849 LONG VIEW DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: SD ( ) Delete  
Name: POLLACK, LOREN  
Address: 4941 CROSS POINT DR.  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BENSTOCK, JOAN PD  
Address: 3126 TIFFANY DR  
City-St-Zip: BELLEAIR BEACH, FL 33786

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ROLFE, BRIAN  
Address: 2849 LONG VIEW DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: TD (X) Change ( ) Addition  
Name: RINDE, TONY  
Address: 3207 HILLTOP LN  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE FRIEDMAN

ED

03/19/2009

Electronic Signature of Signing Officer or Director

Date