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FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 708248 (0)  
1. Corporation Name  
COMMUNITY COUNCIL FOR JEWISH ELDERLY, INC.



Principal Place of Business Mailing Address  
4200 BISCAYNE BLVD MIAMI FL 33137-3210  
4200 BISCAYNE BLVD MIAMI FL 33137-3210

3. Date Incorporated or Qualified 12/16/1964  
3a. Date of Last Report 02/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0663539		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISBERG, GAIL  
4200 BISCAYNE BLVD  
MIAMI FL 33137-3210

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLANDER, PEGGY	1.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSI, IRA	2.2 NAME	
STREET ADDRESS	20850 SAN SIMEON WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPERMAN, SIDNEY	3.2 NAME	
STREET ADDRESS	9350 W. BAY HARBOR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BHI FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIDMAN, ROBERT	4.2 NAME	
STREET ADDRESS	701 BRICKELL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY HARRY A.	5.2 NAME	
STREET ADDRESS	10800 BISCAYNE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>OLIN, CERALD</del>	6.2 NAME	
STREET ADDRESS	<del>1900 71 ST.</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI BEACH FL</del>	6.4 CITY-ST-ZIP	
		SECRETARY ELINOR GANZ 1000 ISLAND BOULEVARD - #3203 NO. MIAMI BEACH, FL 33160	

14. I do 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: \_\_\_\_\_ 1/14/97 305 576-1660

CR2E037 (9/96)