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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 708248

1. Corporation Name

COMMUNITY COUNCIL FOR JEWISH ELDERLY, INC.

Principal Place of Business

4200 BISCAYNE BLVD  
MIAMI FL 33137-3210

Mailing Address

4200 BISCAYNE BLVD  
MIAMI FL 33137-3210



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/16/1964

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0663539

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME HOLLANDER, PEGGY  
STREET ADDRESS 2665 S. BAYSHORE DR.  
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME NASSI, IRA  
STREET ADDRESS 20850 SAN SIMEON WAY  
CITY-ST-ZIP MIAMI FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME COOPERMAN, SIDNEY  
STREET ADDRESS 9350 W. BAY HARBOR DR.  
CITY-ST-ZIP BHI FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME FREIDMAN, ROBERT  
STREET ADDRESS 701 BRICKELL AVE.  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD  DELETE  
NAME LEVY HARRY A.  
STREET ADDRESS 10800 BISCAYNE BLVD  
CITY-ST-ZIP NORTH MIAMI FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME GANZ, ELINOR  
STREET ADDRESS 1000 ISLAND BLVD #3203  
CITY-ST-ZIP N MIAMI BEACH FL

6.1 TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gail Weisberg*  
GAIL WEISBERG

4/13/99

Date

305-576-1660

Daytime Phone #

CR2E037 (1/198)