

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 716919

(6)

95 MAR -2 PM 4:06

1. Corporation Name

TAMPA JEWISH FEDERATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6617 GUNN HWY
118
TAMPA FL 33625-4056
US

6617 GUNN HWY
118
TAMPA FL 33625-4056
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1969

3a. Date of Last Report

01/25/1994

4. FEI Number

59-6011148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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

ROTH, JACK
1209 SUFFOLK
TAMPA FL 33629

81 Name

LEIBOWITZ, BLOSSOM

82 Street Address (P.O. Box Number is Not Acceptable)

1039 GUI SANDO DE AVILA

83

84 City

TAMPA,

FL

85 Zip Code

33613

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

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

BLOSSOM LEIBOWITZ, PRESIDENT

2/17/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GOLDFEDER, LOUIS B
STREET ADDRESS	4204 GOLF POINT CT.
CITY - ST - ZIP	TAMPA FL 33624
TITLE	VD
NAME	SOLOMON, STANFORD R.
STREET ADDRESS	4924 BAY WAY DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	I
NAME	KAUFMAN, LILI
STREET ADDRESS	11111 CARROLLWOOD DR.
CITY - ST - ZIP	TAMPA FL 33618
TITLE	VD
NAME	LEIBOWITZ, BLOSSOM
STREET ADDRESS	16403 ZURRQUIN DE AVILA
CITY - ST - ZIP	TAMPA FL 33613
TITLE	P
NAME	ROTH, JACK
STREET ADDRESS	1209 SUFFOLK
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	KREITZER, LAURA
STREET ADDRESS	4917 ANDROS
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	☒ Change ☐ Addition
1.2 NAME	GOLDFEDER, LOUIS B.	
1.3 STREET ADDRESS	919 MORNING CIRCLE	
1.4 CITY - ST - ZIP	TAMPA, FLORIDA 33602	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	ZIELONKA, CARL	
2.3 STREET ADDRESS	1211 S. SUFFOLK DRIVE	
2.4 CITY - ST - ZIP	TAMPA, FLORIDA 33629	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	RUDOLPH, FRANCI	
3.3 STREET ADDRESS	4911 BAY WAY PLACE	
3.4 CITY - ST - ZIP	TAMPA, FLORIDA 33629	
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME	LEIBOWITZ, BLOSSOM	
4.3 STREET ADDRESS	1039 GUI SANDO DE AVILA	
4.4 CITY - ST - ZIP	TAMPA, FLORIDA 33613	
5.1 TITLE	SD	☐ Change ☒ Addition
5.2 NAME	SPAHN, CINDY	
5.3 STREET ADDRESS	3415 W. HILLSBOROUGH AVENUE	
5.4 CITY - ST - ZIP	TAMPA, FLORIDA 33614	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Louis Goldfeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS GOLDFEDER

DATE

2/24/95

Signature (Name)