SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 15 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 # 716919 (6)

1. Corporation Name
THE TAMPA JCC/FEDERATION, INC.

Principal Place of Business	Mailing Address
6617 GUNN HWY TAMPA FL 33625 US	6617 GUNN HWY TAMPA FL 33625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1969
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 13009 Community Campus
22 Suite, Apt. #, etc.
23 City & State: Tampa, Florida
24 Zip: 33625
25 Country: Hillsboro

2a. Mailing Address
26 Drive
27 Suite, Apt. #, etc.
28 City & State: Same
29 Zip: h Same
30 Country: Same

4. FEI Number: ~~59-6011146~~ 23-7182057 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BORER, HOWARD
6617 GUNN HWY.
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13009 Community Campus Drive
83
84 City: Tampa, FL 85 Zip Code: 33625

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 _____ 9/9/97
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	COF	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	GOLDFEDER, LOUIS B		1.2 NAME		
STREET ADDRESS	919 MORNING CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	JACOBS, MARIL B		2.2 NAME	Lili Kaufmann	
STREET ADDRESS	4510 FERCROFT CR.		2.3 STREET ADDRESS	11111 Carrollwood Drive	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33618	
TITLE	PED	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	RUDOLPH, FRANCI		3.2 NAME	E. Jeffrey Wuliger	
STREET ADDRESS	4911 BAY WAY PLACE		3.3 STREET ADDRESS	100 N. Tampa St., #2445	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	IPPD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	LEIBOWITZ, BLOSSOM		4.2 NAME	William Boas	
STREET ADDRESS	1039 GUISANDO DE AVILA		4.3 STREET ADDRESS	13609 Lytton Way	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	CD	☒ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME	ROSENTHAL, ALICE		5.2 NAME	Howard Borer	
STREET ADDRESS	4106 CARROLLWOOD VILLAGE DR.		5.3 STREET ADDRESS	13009 Community Campus Drive	
CITY-ST-ZIP	TAMPA FL 33624		5.4 CITY-ST-ZIP	Tampa, FL 33625	
TITLE	RD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, RICK		6.2 NAME		
STREET ADDRESS	14615 DARTMOOR LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

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: SIGNATURE REQUIRED 9/9/97