

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716919

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: THE TAMPA JCC/FEDERATION, INC.

**Current Principal Place of Business:**

13009 COMMUNITY CAMPUS DRIVE  
TAMPA, FL 33625 US

**New Principal Place of Business:**

**Current Mailing Address:**

13009 COMMUNITY CAMPUS DRIVE  
TAMPA, FL 33625 US

**New Mailing Address:**

FEI Number: 23-7182057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BROOKS, NAOMI  
13009 COMMUNITY CAMPUS DR  
TAMPA, FL 33625 US

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: DVPC ( ) Delete  
Name: RICE, MICHAEL  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

Title: DVP ( ) Delete  
Name: ROSS, JACK  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

Title: DS ( ) Delete  
Name: SPER, CYNTHIA  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

Title: DP ( ) Delete  
Name: ROSENTHAL, ALICE  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

Title: DT ( ) Delete  
Name: GOLDSTEIN, BRUCE  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

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

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

Title: DVP (X) Change ( ) Addition  
Name: TAUB, BRIAN  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

Title: DS (X) Change ( ) Addition  
Name: LEEDS, STACY  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

Title: DP (X) Change ( ) Addition  
Name: KREITZER, LAURA  
Address: 13009 COMMUNITY CAMPUS DR  
City-St-Zip: TAMPA, FL 33625

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

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: NAOMI S. BROOKS

CFO

07/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date