

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716919

FILED
Jan 07, 2008
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: TAUB, BRIAN
Address: 13009 COMMUNITY CAMPUS DR
City-St-Zip: TAMPA, FL 33625

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

Title: DP () Delete
Name: KREITZER, LAURA
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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

01/07/2008

Electronic Signature of Signing Officer or Director

Date