

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719461 (6)

1. Corporation Name

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Principal Place of Business

Mailing Address

590 S.MCINTOSH ROAD
SARASOTA FL 34232590 S.MCINTOSH ROAD
SARASOTA FL 34232-1957

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

TANNENBAUM, ALAN
630 S. ORANGE AVENUE
3RD FLOOR
SARASOTA FL 34236

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME EICHENBLATT, JUDITH
STREET ADDRESS 888 BLVD. OF THE ARTS, SUITE 1908
CITY-ST-ZIP SARASOTA FL
☒ DELETE1.1 TITLE VPD
1.2 NAME Blumenthal, Richard
1.3 STREET ADDRESS 7414 Pearlbusch La.
1.4 CITY-ST-ZIP Sarasota FL 34241
☐ Change ☒ AdditionTITLE VP
NAME STUTZ, KAREN
STREET ADDRESS 1575 EASTBROOK DR.
CITY-ST-ZIP SARASOTA FL
☐ DELETE2.1 TITLE P
2.2 NAME Stutz, Karen
2.3 STREET ADDRESS 1575 Eastbrook Dr.
2.4 CITY-ST-ZIP Sarasota FL 34231
☒ Change ☐ AdditionTITLE VPD
NAME GORDON, SCOTT
STREET ADDRESS 4255 VOOWVIEW DR.
CITY-ST-ZIP SARASOTN FL
☒ DELETE3.1 TITLE VPD
3.2 NAME Feder, Allan
3.3 STREET ADDRESS 3959 Boca Pointe Dr.
3.4 CITY-ST-ZIP Sarasota, FL 34238
☐ Change ☒ AdditionTITLE SD
NAME LEUCHTER, JOEW
STREET ADDRESS 36 TIDY ISLAND BLVD
CITY-ST-ZIP BRADENTON FL
☐ DELETE4.1 TITLE TD
4.2 NAME Leuchter, Joel
4.3 STREET ADDRESS 36 Tidy Island Blvd
4.4 CITY-ST-ZIP Bradenton, FL 34210
☒ Change ☐ AdditionTITLE TD
NAME FRIEDMAN, BEATRICE
STREET ADDRESS 1211 GULF OF MEXICE DR.
CITY-ST-ZIP LONGBOAT KEY FL
☐ DELETE5.1 TITLE SD
5.2 NAME 435 L'Ambiance PHG
5.3 STREET ADDRESS Longboat Key, FL 34228
5.4 CITY-ST-ZIP VPD
☒ Change ☐ AdditionTITLE P
NAME BLACK, IAN
STREET ADDRESS 3920 TOREY PINES BLVD.
CITY-ST-ZIP SARASOTA FL
☒ DELETE6.1 TITLE Sischy, Claire
6.2 NAME PO Box 8243
6.3 STREET ADDRESS Longboat Key, FL 34228
6.4 CITY-ST-ZIP
☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0082930

CR2E037 (9/96)