2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719461

FILED Feb 03, 2009 Secretary of State

Entity Name: SARASOTA-MANATEE JEWISH FEDERATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	INTOSH ROAD TA, FL 34232)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	INTOSH ROAD TA, FL 34232)			
FEI Number	r: 59-1227747	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	HAEL DINTOSH RD TA, FL 34232	US			
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	P () WEINSTEIN, JU 580 S MCINTOS		Title: Name: Address:	() Change () Addition	
City-St-Zip:	SARASOTA, FL	34232	City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:	SARASOTA, FL	Delete C SH ROAD	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	SARASOTA, FL V () AZERAD, ISAAG 580 S MCINTOS SARASOTA, FL	Delete C SH ROAD 34232 Delete Y SH ROAD	Title: Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	SARASOTA, FL V () AZERAD, ISAAG 580 S MCINTO: SARASOTA, FL V () SWART, NANC 580 S MCINTO: SARASOTA, FL	Delete C SH ROAD 34232 Delete Y SH ROAD 34232 Delete MARK SH ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	SARASOTA, FL V () AZERAD, ISAAG 580 S MCINTOS SARASOTA, FL V () SWART, NANOS 580 S MCINTOS SARASOTA, FL V () SCHLANGER, M 580 S MCINTOS SARASOTA, FL	Delete CSH ROAD 34232 Delete Y SH ROAD 34232 Delete MARK SH ROAD 34232 Delete DIS SH ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition	

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: JUDY WEINSTEIN P 02/03/2009