2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90005 011 ****61.25

DOCUMENT # 724827

1. Entity Name

JEWISH COMMUNITY CENTER OF WEST PASCO, INC.

Principal Place of Business	Mailing Address
9841 SCENIC DRIVE PORT RICHEY FL 34668-3637	9841 SCENIC DRIVE PORT RICHEY FL 34668-3637

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7366308 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, PHILIP
5640 CATAMARAN CT
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name Adelle Spigelman
Street Address (P.O. Box Number is Not Acceptable) 8001 Thatch Terr
City Bayonet Point FL Zip Code 34667

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHEN, PHILIP 5640 CTAMARAN CT NEW PORT RICHEY FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Adelle Spigelman 8001 Thatch Terr Bayonet Point FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDVP HOCHSTADT, JEFF 3452 SEFFNER DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Gene Goldberg 4708 Hampton Hills Loop New Port Richey FL 34654	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ULM, KAREN 2228 TAMARRON TERR. PALM HARBOR FL 34683	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (Bookkeeper) 1/20/05 727 847-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #