

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726408 (8)  
1. Corporation Name  
**JEWISH COMMUNITY CENTER OF CENTRAL FLORIDA, INC.**



Principal Place of Business: 851 N. MAITLAND AVENUE, MAITLAND FL 32751  
Mailing Address: 851 N. MAITLAND AVENUE, MAITLAND FL 32751

3. Date Incorporated or Qualified: 05/14/1973  
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: 23-7448234  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FRIEDMAN, MARVIN, 851 N MAITLAND AVE, MAITLAND FL 32751  
10. Name and Address of New Registered Agent (81-85) fields.

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: KRAMER, HOPE STREET ADDRESS: 1540 GLENCOE RD CITY-ST-ZIP: WINTER PARK FL 32789	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: Rosen, Rob 1.3 STREET ADDRESS: 408 Twisting Pine Circle 1.4 CITY-ST-ZIP: Longwood, Florida 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ZERIVITZ, DON STREET ADDRESS: 872 CYNTHIANNA CIR CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: Shaprio, Marvin 2.3 STREET ADDRESS: 431 W. Haratio Avenue 2.4 CITY-ST-ZIP: Maitland, Florida 32751	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: SHAPIRO, MARVIN M STREET ADDRESS: 431 E HARATIO AVE CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> DELETE	3.1 TITLE: TD 3.2 NAME: Peisner, Stuart 3.3 STREET ADDRESS: 1000 Douglas Avenue, #125 3.4 CITY-ST-ZIP: Altamonte Springs, Florida 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ROSEN, LISA STREET ADDRESS: 1684 INDIAN DANCE CT CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: Forest, Rhonda 4.3 STREET ADDRESS: 3931 Haynes Circle 4.4 CITY-ST-ZIP: Casselberry, Florida 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FRIEDMAN, MARVIN STREET ADDRESS: 133 ROSEBRIAR DRIVE CITY-ST-ZIP: LONGWOOD FL	<input type="checkbox"/> DELETE	5.1 TITLE: [Blank] 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [Blank] 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signatures] (407)645-5933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marvin Friedman, Date: 2/27/96, Daytime Phone #:

CR2E037 (12/95)