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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32751-4426
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3. Date Incorporated or Qualified 05/14/1973	3a. Date of Last Report 03/07/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 23-7448234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	ROSEN, ROB		
STREET ADDRESS	408 TWISTING PINE CIRCLE		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	VD		
NAME	SHAPIRO, MARVIN		
STREET ADDRESS	431 E HARATIO AVE		
CITY-ST-ZIP	MAITLAND FL		
TITLE	TD		
NAME	PEISNER, STUART		
STREET ADDRESS	1000 DOUGLAS AVE, #125		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		
TITLE	SD		
NAME	FOREST, RHONDA		
STREET ADDRESS	3931 HAYNAS CIRCLE		
CITY-ST-ZIP	CASSELBERRY FL		
TITLE	D		
NAME	FRIEDMAN, MARVIN		
STREET ADDRESS	133 ROSEBRIAR DRIVE		
CITY-ST-ZIP	LONGWOOD FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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]* DATE *4/1/97*

CR2E037 (9/96)