


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 726408**  
 1. Entity Name  
**JEWISH COMMUNITY CENTER OF GREATER ORLANDO, INC.**



Principal Place of Business  
**851 N. MAITLAND AVENUE  
 MAITLAND, FL 32751**

Mailing Address  
**851 N. MAITLAND AVENUE  
 MAITLAND, FL 32751**

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>23-7448234</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARVIN  
 851 N MAITLAND AVE  
 MAITLAND, FL 32751**

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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 *Marvin Friedman* DATE 2/15/08

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

**Filing Fee is \$61.25  
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, KEVIN 698 N MAITLAND AVENUE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COULTOFF, DANIEL 390 N ORANGE AVE STE 600 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNITZ, M ANDY 5900 LAKE ELLENORE DRIVE ORLANDO, FL 32859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LITTMAN, ADAM 1621 INDIAN DANCE CT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FRIEDMAN, MARVIN 183 ROSEBRIAR DRIVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Marvin Friedman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_