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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **728255** **(1)**

1. Corporation Name

JEWISH FEDERATION OF BREVARD, INC.

Principal Place of Business	Mailing Address
108-A BARTON AVENUE ROCKLEDGE FL 32955	108-A BARTON AVENUE ROCKLEDGE FL 32955-2824

3. Date Incorporated or Qualified: **01/16/1974**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **51-0141462** ☐ Applied For ☐ Not Applicable

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

BERMAN, LEWIS H.
320 FORTENBERRY ROAD
MERRITT ISLAND FL 32952

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~ D/V	☐ DELETE	1.1 TITLE	D/V	☑ Change ☐ Addition
NAME	SINGER, GARY		1.2 NAME	SINGER GARY	
STREET ADDRESS	162 WINWARD WAY		1.3 STREET ADDRESS	162 WINWARD WAY	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL		1.4 CITY-ST-ZIP	INDIAN HARBOR BEACH, FL	
TITLE	~~VD~~	☑ DELETE	2.1 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	~~ZIMM, DR. SOL~~		2.2 NAME	LYNDA WILSON	
STREET ADDRESS	~~2085 S. TROPICAL TR.~~		2.3 STREET ADDRESS	107 E. LAILA DR.	
CITY-ST-ZIP	~~MERRITT ISLAND FL~~		2.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARNAVON, HAIM		3.2 NAME		
STREET ADDRESS	1308 GEM CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~KATZIN, LOIS~~		4.2 NAME		
STREET ADDRESS	980 O'HARA DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP		
TITLE	P/D	☐ DELETE	5.1 TITLE	ALSO DIRECTOR	☑ Change ☐ Addition
NAME	SHARON DELIGDISH		5.2 NAME		
STREET ADDRESS	815 SANDERING DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KNEAPLER, RICK		6.2 NAME		
STREET ADDRESS	822 BRISBANE ST. NE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 REQUIRED , TREASURER (407) 6361824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/30/97 — Daytime Phone # 0020280