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May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728255

1. Corporation Name

JEWISH FEDERATION OF BREVARD, INC.

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

Mailing Address
108-A BARTON AVENUE
ROCKLEDGE FL 32955



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/16/1974	
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		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, GARY	1.2 NAME	
STREET ADDRESS	162 WINWARD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	WILSON, LYNDA	2.2 NAME	
STREET ADDRESS	107 E LAILA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	2.4 CITY-ST-ZIP	
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	D ☐ DELETE	5.1 TITLE	☐ 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	DV ☐ 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	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)