

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90469 002 ****61.25

DOCUMENT # 728255

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0141462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **SINGER, GARY**
 STREET ADDRESS **162 WINWARD WAY**
 CITY-ST-ZIP **INDIAN HARBOR BEACH FL**

TITLE **1ST VPD** ☐ Change ☒ Addition
 NAME **ERIC COOPER**
 STREET ADDRESS **489 SPRING LAKE DR**
 CITY-ST-ZIP **MELBOURNE, FL 32955**

TITLE **DS** ☐ Delete
 NAME **WILSON, LYNDIA**
 STREET ADDRESS **PMB 120147**
 CITY-ST-ZIP **W. MELBOURNE FL 32912-0147**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BARNAVON, HAIM**
 STREET ADDRESS **1308 GEM CIRCLE**
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **TRACHTMAN, JERRY**
 STREET ADDRESS **1990 W. NEW HAVEN AVE., #201**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE **IMMEDIATE PAST PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **KANANACK, BILL**
 STREET ADDRESS **417 ORIOLE LN**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **2ND VPD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD P.** ☐ Delete
 NAME **FISHKIN, JEFF**
 STREET ADDRESS **172 LAS DALMAS**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

WILSON, LYNDIA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (321) 636 1824
 Date Daytime Phone #

CR2E037 (9/01)