## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 22, 2004 8:00 am **DOCUMENT # 728255 Secretary of State** Entity Name 03-22-2004 90033 017 \*\*\*\*61.25 JEWISH FEDERATION OF BREVARD, INC. Principal Place of Business Mailing Address 108-A BARTON AVENUE 108-A BARTON AVENUE 54020680 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 51-0141462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, LEWIS H. Street Address (P.O. Box Number is Not Acceptable) 320 FORTENBERRY ROAD MERRITT ISLAND FL 32952 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Stonature, 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 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD TITLE SEC. ☐ Delete TITLE Change Addition COOPER, ERIC NAME JULES GRONICH NAME 489 SPRING LAKE DR. 3441 PHEASANT CT STREET ADDRESS STREET ADDRESS MELBOURNE FL 32955 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32935 DE PD TITLE ☐ Delete TITLE ☐ Change Addition KNEAPLER, RICK NAME NAME 822 BRISBANG STREET N.E. STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BARNAVON, HAIM NAME NAME 1308 GEM CIRCLE STREET ADDRESS STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Defete TITLE ☐ Change Addition TRACHTMAN, JERRY NAME NAME 1990 W. NEW HAVEN AVE., #201 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32904 CITY-ST-ZIP CITY-ST-ZIP IVPD X Delete TITLE TITLE Change Addition KANANACK, BILL NAME NAME 417 ORIOLE LN-STREET ADDRESS STREET ADDRESS INDIALANTIC FL 32903 CITY-ST-ZIP CITY-ST-ZIP **B** D TITLE TITLE ☐ Delete ☐ Change Addition FISHKIN, JEFF NAME NAME 172 LAS DALMAS STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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.

MIM BAR-NAVON

like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an add

SIGNATURE:

**FILED**