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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730118** (7)

1. Corporation Name

**GULF COAST JEWISH FAMILY AND MENTAL HEALTH SERVI
CES, INC.**

Principal Place of Business

Mailing Address

**14041 ICOT BOULEVARD
CLEARWATER FL 34620
US**

**14041 ICOT BOULEVARD
CLEARWATER FL 34620-3702
US**



3. Date Incorporated or Qualified
07/02/1974

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNSTEIN, MICHAEL
14041 ICOT BOULEVARD
CLEARWATER FL 34620**

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 **CD** ☐ DELETE
NAME **BERNSTEIN, DAVID**
STREET ADDRESS **1599 WILLOW BROOK DR.**
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2424 Enterprise Rd.**
1.4 CITY-ST-ZIP **Clearwater, FL 34623**

TITLE **VCD** ☐ DELETE
NAME **MENSH, MYRON**
STREET ADDRESS **5263 CENTRAL AVE.**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **111 2nd Ave. N.E.**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **VCD** ☐ DELETE
NAME **SOBLE, JAMES**
STREET ADDRESS **2700 LANDMARK CENTRE, 401 E JACKSON ST.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **BERNSTEIN, BARBARA**
STREET ADDRESS **2961 WEST BAY DRIVE**
CITY-ST-ZIP **BELLAIR BLUFFS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **ISRAEL, WILLIAM**
STREET ADDRESS **2015 DOLPHIN BOULEVARD**
CITY-ST-ZIP **ST. POTERSBURG FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **TD**
5.3 STREET ADDRESS **Sakol, Ronald**
5.4 CITY-ST-ZIP **4973 60th Ave. S.**
St. Petersburg, FL 33715

TITLE **PCEO** ☐ DELETE
NAME **BERNSTEIN, MICHAEL**
STREET ADDRESS **14041 ICOT BOULEVARD**
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (813) 538-7460

Date Daytime Phone # 0067284

CR2E037 (9/96)