FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

CLEARWATER FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(7)

GULF COAST JEWISH FAMILY AND MENTAL HEALTH SERVI

CEO,	INC.							ļ					
Principal Place of Business Mailing Address								-	U IDEKIL KARKA KININ EDIDI I	1881 11881 1891 BFB	IA BIBA BIBA BIBA	BIBAL BIBAL ABOL	
14041 ICOT BOULEVARD 14041 ICOT BOULEVARD									3. Date Incorporated or Qu	uslified		······································	
CLEARWATER FL 34620 CLEARWATER FL 34620									07/02/1974	Janileu			
US			US	5				ļ	4. FEI Number			pplied For	
									59-1229354		— — —	lot Applicable	
2. Principal F	Place of Busi	ness	⊢	2a. Mailing Address					5. Certificate of Status Des	ired 🔀	•	Additional Required	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					6. Election Campaign Fina	ncing	\$5.00		
22	_		27						Trust Fund Contribution			to Fees	
City & Stat	te		28	City & State					7. Is this nonprofit corpora	voemon a noit		on?	
Zip Country				Zip Country			,	-	8. This corporation owes or has paid the current year Intangible				
24 3	3760	25	29	33760	30				Personal Property Tax d			No	
	9. Name	and Address of Cu	rrent Regis	tered Agent					10. Name and Address of	New Register	ed Agent		
						81	Name	Name					
BERNSTEIN, MICHAEL						82	Stree	t Addres	Address (P.O. Box Number is Not Acceptable)				
14041 ICOT BOULEVARD										· · -· · ·			
CLEARV	NATER FL	34620				83							
						64	City			E	85 Zip	Code	
11. Pursuant	to the provis	ions of Sections 617	0502 and 6	17 1508 Florida Sta	tutes the	ahove	-name	d corpor	ation submits this statement			ite registered	
Office of r	registered ag	jent, or both, in the S	itate of Florid	da. Such change wa	is authoriz	ed by	/ the co	rporation	i's board of directors. I herek	y accept the	appointment as	registered	
-	ırı tarmılar w	ith, and accept the o	bligations of	, Section 617.0503,	Florida Si	atutes	3.						
SIGNATURE .	Signatura, typed	or printed name of registers	d agent and litie	If applicable (A	IOTE Registe	red Age	ını signatu	re required to	when reinstating)	DAT	E .		
12.		OFFICERS	AND DIREC	CTORS	13	١.	-		ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTO	RS IN 12	
TITLE	CD	_		DELETE	1.1	TITLE		D			X Change	Addition	
NAME		rein, david			1.2	NAME							
STREET ADDRESS		NTERPRISE RD			1.3	STREET	ADDRESS						
CITY-ST-ZIP		VATER FL		T SECTOR		CITY-S	T-ZIP	100			- Million	T 17.000	
TITLE	VCD	HVDAN		☐ DELETE		TITLE		CD			A Change	AddItion	
NAME CTOTET APPONTON	444 9930 4490 4100						NAME STREET ADDRESS						
STREET ADDRESS		ERSBURG FL											
CITY-ST-ZIP TITLE	VCD	ENGOUNG FE		☐ DELETE		TITLE	51 - ZIP	+		-	X Change	Addition	
NAME	SOBLE,	JAMES			- 1	NAME		D			Onengo		
STREET ADDRESS		NDMARK CENTRE	E. 401 E J/	ACKSON ST.			ADDRESS						
CITY-ST-ZIP	TAMPA		-,			CITY-S							
TITLE	SD			☐ DELETE		TITLE		1			Change	Addition	
NAME	BERNST	TEIN, BARBARA			4. 2	NAME							
STREET ADDRESS	2961 W	EST BAY DRIVE			4.3	STREET	ADDRESS						
CITY-SY-ZIP	BELLAIF	BLUFFS FL			4.4	CITY-S	T-ZIP						
TITLE	D			☐ DELETE	5.1	TITLE					Change	Addition	
NAME		RONALD			5.2	NAME							
STREET ADDRESS		TH AVE S			5.3	STREET	ADDRESS						
CITY-ST-ZIP		ERSBURG FL			5.4	CITY-S	T-ZIP						
TITLE	PCEO			☐ DELETE	6.1	TITLE					Change	Addition	
NAME		EIN, MICHAEL			6.2	NAME							
STREET ADDRESS	14041 K	COT BOULEVARD			6.3	STREET	ADDRESS						

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 of 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 it chapter of an attachment with an address.

Michael Rernstein 2/17/08 (813) 520...7440

FILED

Mar 16 1998 8:00am

Secretary of State

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