

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 730118

1. Entity Name

GULF COAST JEWISH FAMILY SERVICES, INC.



Principal Place of Business

14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US

Mailing Address

14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US



01132005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1229354

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MICHAEL
14041 ICOT BOULEVARD
CLEARWATER, FL 33760

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | CD |
| NAME | BERNSTEIN, DAVID |
| STREET ADDRESS | 2424 ENTERPRISE RD |
| CITY-ST-ZIP | CLEARWATER, FL |
| TITLE | D |
| NAME | MENSH, MYRON |
| STREET ADDRESS | 111 2ND AVE NE |
| CITY-ST-ZIP | ST. PETERSBURG, FL |
| TITLE | DVC |
| NAME | SCHUTZ, GLADYS |
| STREET ADDRESS | 1847 SHORE DR.S.# 301 |
| CITY-ST-ZIP | S. PASEDNA, FL 33707 |
| TITLE | DVC |
| NAME | BERGOFFEN, LEAH |
| STREET ADDRESS | 3599 WOODRIDGE PLACE |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 |
| TITLE | TD |
| NAME | KLEIN, GARY |
| STREET ADDRESS | 1575 CURLE W RD |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 |
| TITLE | PCEO |
| NAME | BERNSTEIN, MICHAEL |
| STREET ADDRESS | 14041 ICOT BOULEVARD |
| CITY-ST-ZIP | CLEARWATER, FL |

11/25/05-80089-022 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05 (727)538-7150
Date Daytime Phone #