## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 73441

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CENTRAL FLORIDA CHEVRA KADESHA, INC.

Principal Place of Business  Mailing Address  250 PALM PARK CIRC.  SUITE #106  LONGWOOD FL 32778  IS  2. Principal Place of Business  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  250 PALM PARK CIRC.  SUITE #106  LONGWOOD FL 32779-6081  US  3. Date Incorporated or Qualified 11/24/1975  3. Date Incorporated or Qualified 11/24/1975  4. FEI Number NOT APPLICABLE  Not Applied For NOT APPLICABLE  Suite, Apt. #, etc.  Suite, Apt. #, etc.  14 City & State  City & State  City & State  City & State  6. Election Campaign Financing  \$5.00 May Be	02.77.1.		,				
SUITE #106  NOMOWOOD R. 32779 SO DOMOWOOD R. 327794081 SO DOMOWOOD R. 327794 SO DOMOWOOD R. 3277941 SO DOMOWOOD R. 327794 SO DOWN R. AD READ TO COURT REPORT R	Principal Place	e of Business	Mailing Address		1   0 0 1   1 1 0 0 0 1   1 1 1 1 1 1 1		
2. Pincipup Flace of Business   19 R.3   14 LEXING TON   14 Way   26   92.3 "H LEXING TON   14 Way   27 Way   28   14 Way   28   15 Way   28   15 Way   29   20 Way	SUITE #106         SUITE #106           LONGWOOD FL 32779         LONGWOOD FL 3		SUITE #106 LONGWOOD FL 32779-6081		3. Date Incorporated or Qualified	3a. Date of Last Roport 03/08/1096	
Suite, April 4, 6tc.	A Coloria de la Ci	leas of Divisions	1 2a Mailine Address				
Solitic, April #, dic. 21 1 1 21 1 4 27 1 1 4 27 1 1 4 27 1 1 4 27 1 1 4 27 1 1 4 27 1 1 4 27 1 1 4 27 1 4 4 27 1 4 4 27 1 4 4 27 1 4 4 27 1 4 4 4 27 1 4 4 4 27 1 4 4 4 27 1 4 4 4 27 1 1 4 4 4 27 1 1 4 4 4 27 1 1 4 4 4 27 1 1 4 4 4 27 1 1 4 4 4 27 1 1 4 4 4 27 1 1 4 4 1 1 1 1 1 1 4 4 1 1 1 1 1 1 1	2. Principal Pr	14 I FYING TON YVUIV		crowl Prince	NOT APPLICABLE	——————————————————————————————————————	
Couptry  28	Sulte, Apt.		Suite, Apt. #, etc.	100 1 1 0 1		\$8.75 Additional	
Coughy  2 3 2 7 1 2 28	City & State		h-m-m "	· /	, -		
Selizer, Robert			+	Country	·····		
SELTZER, ROBERT 1144 WODLAND TERR. TRL ALTAMONTE SPRINGS FL 32714  114 WODLAND TERR. TRL ALTAMONTE SPRINGS FL 32714  115 Bi Name		10 DANACAT	hm 337/2/ h	an CORNUIG-E	8. This corporation has liability for Florida Statutes		
SELTZER, ROBERT 1144 WOODLAND TERR. TRL. ALTAMONTE SPRINGS FL 32714  58  64 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 612,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and eccept the obligations of, Socion 617,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and eccept the obligations of, Socion 617,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and eccept the obligations of, Socion 617,0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent and a fire agent agent. Lam familiar with, and eccept the obligation of, Socion 617,0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and eccept the obligation of, Socion 617,0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligation of, Socion 617,0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligation of, Socion 617,0506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with a production of the purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its re	24 / 0	,	<b>-</b>	30 0,17,700			
11.44 WOODLAND TERR. TRL				81 Name			
11.44 WOODLAND TERR. TRL	SELTZER, ROBERT				Address (P.O. Box Number is Not Acceptate		
## City   FL   85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1509. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In this State of Florids. Such change was author/red 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.    10							
TI. Pursuant to the provisions of Sections 617 04-00 and 617 1508, Floridal 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, and termillar with, and accept the obligations of, Section 617 603, Floridal Statutes.  SIGNATURE  Signature, lynd or prefer name of segetance agent and this if applicable produces agent age	ALTAMOI	NTE SPRINGS FL 32714		83			
11. Pursuant to The provisions of Sections 617 0:029 and 617 1508. Florida Statutes. the above-nemed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.    SIGNATURE   Signature, typind or printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont and six if applicable.   The printed name of registrice agont agont are register agont agont agont are register agont agont are register agont agont are register agont agont are regis				84 City		85 Zip Code	
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, 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, or both, and accept the obligations of, Section 617 0503, Florida Statules.    Signature   Special Content   Population		10-10-017-0100	J. 047, 4500. Flexiele Photote	a the phone perced	connection submits this statement for the		
SIGNATURE   Signature, typoid or printed name of registered Agent and till if Application   (ROTE Registered Agent separative required which consisting)   DATE	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						
12. OFFICERS AND DIFECTORS   13. ADDITIONS/CHANGES 10 OFFICERS AND DIFECTORS   13. ADDITIONS/CHANGES 10 OFFICERS AND DIFECTORS   1.1 IIII.E	agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flor	rida Statutes.			
12.	SIGNATURE	Signature, lyand or project name of registered agent	and tire if apel-cable (NOTE:	Registered Agent signature	required when roinstating)	DATE	
SELTZER, ROBERT   12 NAME   SELTZER, ROBERT   144 WOODLAND TERR. TRL.   1.3 STREET ADDRESS   1144 WOODLAND TERR. TRL.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP						CERS AND DIRECTORS IN 12	
1144 WOODLAND TERR. TRL.   1.3 STREET ADDRESS   1144 WOODLAND TERR. TRL.   1.4 City-St-Zip   ALTAMONTE SPRINGS FL 32714   1.4 City-St-Zip		PD	DELETE	1.1 TITLE		Change Addition	
ALTAMONTE SPRINGS FL 32714	NAME			1.2 NAME			
TITLE	STREET ADDRESS			1.3 STREET ADDRESS			
NAME   TITEN, EDWARD	CITY-ST-ZIP			1.4 CITY - ST - ZIP			
STREET ADDRESS   S35 PARK N. CT.	TITLE		[_] DELETE	2.1 TITLE		☐ Change ☐ Addition	
VINTER PARK FL 32789	NAME	•		2.2 NAME			
TITLE SD DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS MAITLAND FL 3.4 CITY-S1-ZIP ADDRESS LONGWOOD FL DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP ADDRESS 5.3 STREET ADDRESS 5.3 STREE	STREET ADDRESS	= *		2.3 STREET ADDRESS			
NAME   USETTE, HALPERIN   3.2 NAME   3.3 STREET ADDRESS   1911 MOCHICAN TRL.   3.3 STREET ADDRESS   1911 MOCHICAN TRL.   3.4 CITY-SI-ZIP			Dostare			Chaves Addition	
1911 MOCHICAN TRL.   3.3 STREET ADDRESS   1911 MOCHICAN TRL.   3.4 CHY-SI-ZIP	1	= =	☐ DELETE			Change Addition	
MAITLAND FL   3.4. CITY-ST-ZIP   MAITLAND FL   3.4. CITY-ST-ZIP   TD   Change   Addition							
TITLE   TD							
NAME   DORFMAN, ISADORE   4.2 NAME   4.3 STREET ADDRESS   250 PALM PARK DR. #166   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   APOR K.P. FL			DUETE		ተለ	Change Addition	
STREET ADDRESS   250 PALM PARK DR. #166   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   A POP K n   F L   3 2.712   Change   Addition		· ·			ヘスカピ NAN フィスコックビ		
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-S1-ZIP         CITY-S1-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Addition         Addition					DOR 14   PKINGTON S	Yw 4.	
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-S1-ZIP         CITY-S1-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Addition         Addition					APPRIA FL 2271	12"	
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS -           CITY-ST-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE           NAME         6.2 NAME		LONGINOSOTE	DELETE	_	7(10, 10, 1)	Change Addition	
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TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME	· ·						
			☐ DELETE			Change Addition	
STREET ADDRESS 6.3 STREET ADDRESS	NAME			6.2 NAME			
	STREET ADDRESS			6.3 STREET ADDRESS			

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.