

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90018 016 ****61.25

DOCUMENT # 734412

1. Corporation Name

CENTRAL FLORIDA CHEVRA KADESHA, INC.

Principal Place of Business

**1144 WOODLAND TERRACE TRAIL.
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**1144 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/24/1975

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SELTZER, ROBERT
1144 WOODLAND TERR. TRL.
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **HAROLD ROSENBLUM**
STREET ADDRESS **1325 CLASSIC DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VPD** ☐ DELETE
NAME **HALLIE BERMAN**
STREET ADDRESS **812 WESTWIND LANE**
CITY-ST-ZIP **FEAN PARK FL 32730**

TITLE **SD** ☐ DELETE
NAME **TOM SPISAK**
STREET ADDRESS **524 CAPE COOLANE #104**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **TD** ☐ DELETE
NAME **ROBERT SELTZER**
STREET ADDRESS **1144 WOODLAND TERRACE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **HALLIE BERMAN**
1.3 STREET ADDRESS **812 WESTWIND LANE**
1.4 CITY-ST-ZIP **FEAN PARK, FL 32730**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **ROBERT SELTZER**
2.3 STREET ADDRESS **1144 WOODLAND TERRACE TRAIL**
2.4 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 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, with all other like empowered.

SIGNATURE:

ROBERT SELTZER

1/21/99 407.299-1079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)