

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90026 040 \*\*\*\*61.25

**DOCUMENT # 741254**

1. Entity Name

THE JEWISH FEDERATION OF VOLUSIA AND FLAGLER  
COUNTIES, INC.



Principal Place of Business

Mailing Address

470 ANDALUSIA AVE  
ORMOND BEACH FL 32174  
US

470 ANDALUSIA AVE  
ORMOND BEACH FL 32174  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1774958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL FURMAN  
12 BROADWATER RD.  
ORMOND BEACH FL 32174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME GLICKSTEIN, GERALD  
STREET ADDRESS 753 MARINA POINT DRIVE  
CITY-STATE-ZIP DAYTONA BEACH FL 32114

☐ Change ☐ Addition

TITLE PE ☐ Delete  
NAME RITTER, LYNNE  
STREET ADDRESS 24 IROQUOIS TRAIL  
CITY-STATE-ZIP ORMOND BEACH FL 32174

☐ Change ☐ Addition

TITLE SD ☐ Delete  
NAME KOHEN, MARIAN  
STREET ADDRESS 74 OAKMONT CR  
CITY-STATE-ZIP ORMOND BEACH FL 32174

☒ Change ☐ Addition  
Kohen, Marian  
568 Riverside Drive  
Ormond Beach, FL 32176

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Michael Furman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/07

386-747-6000  
Date Daytime Phone #