

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741390

FILED
Jan 20, 2009
Secretary of State

Entity Name: JEWISH ASSOCIATION OF NORTH TAMPA, INC.

Current Principal Place of Business:

3919 MORAN ROAD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3919 MORAN ROAD
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-1803680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEBLUM, GARY
2700 BANK OF AMERICA PLAZA
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FREEDMAN, DENISE
Address: 18907 AVENUE BIARRITZ
City-St-Zip: LUTZ, FL 33558

Title: VD () Delete
Name: HINDS, JEFFREY
Address: 10709 STALLGATE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: PD () Delete
Name: JAFFE, MARK DR.
Address: 6630 STONINGTON DRIVE NORTH
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: NOVAK, TRUDY
Address: 17621 ARCHLAND PASS ROAD
City-St-Zip: LUTZ, FL 33558

Title: SD () Delete
Name: TEBLUM, LISA
Address: 14039 SHADY SHORES DRIVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK JAFFE

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date