

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 746704 (6)

1. Corporation Name
GOLDA MEIR/KENT JEWISH CENTER, INC.



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|---|--|
| Principal Place of Business 1955 VIRGINIA ST. CLEARWATER FL 34623 | Mailing Address 1955 VIRGINIA ST. CLEARWATER FL 34623-2216 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/11/1979 | 3a. Date of Last Report 02/09/1996 |
|--|--|

| | |
|---|---|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 22. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

| | |
|--|--|
| 4. FEI Number 59-1901486 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ZUCKERMAN, RALPH
1716 HERMIT THRUSH LANE
PALM HARBOR FL 34683**

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 *Ralph Zuckerman* *Ralph Zuckerman* *6/19/97*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ABELSON, DAVID A | |
| STREET ADDRESS | 4944 KILKENNY WAY | |
| CITY-ST-ZIP | OLDSMAR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RUTENBERG, CHARLES | |
| STREET ADDRESS | 28050 US HWY 19 N | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LAUFER, SALLY | |
| STREET ADDRESS | 1800 COUNTRY LANE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ZUCKERMAN, RALPH | |
| STREET ADDRESS | 1716 HERMIT THRUSH LANE | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HARRISON, ERWIN J | |
| STREET ADDRESS | 2757 COUNTRYSIDE BLVD. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | M | <input checked="" type="checkbox"/> DELETE |
| NAME | COHEN, HERBERT N | |
| STREET ADDRESS | 2501 HARN BLVD #H37 | |
| CITY-ST-ZIP | CLEARWATER FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Sobel, Mike | |
| 1.3 STREET ADDRESS | 3547 Shoreline Circle | |
| 1.4 CITY-ST-ZIP | Palm Harbor, FL | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Rutenberg, Charles | |
| 2.3 STREET ADDRESS | 3140 Masters Drive | |
| 2.4 CITY-ST-ZIP | Clearwater, FL | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Harrison, Erwin J. | |
| 5.3 STREET ADDRESS | 2757 Countryside Blvd. | |
| 5.4 CITY-ST-ZIP | Clearwater, FL | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Kent, Reva | |
| 6.3 STREET ADDRESS | 3136 Masters Drive | |
| 6.4 CITY-ST-ZIP | Clearwater, FL | |

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.

COMMENTS *On 6/19/97, ERWIN J. HARRISON, CHARLES RUTENBERG, DAVID A. ABELSON, SALLY LAUFER, RALPH ZUCKERMAN, HERBERT N. COHEN, and REVA KENT were added to the list of officers and directors.*

CR2E037 (9/96)