

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746704** (6)

1. Corporation Name

**GOLDA MEIR/KENT JEWISH CENTER, INC.**

Principal Place of Business

Mailing Address

**1855 VIRGINIA ST.  
CLEARWATER FL 34623**

**1855 VIRGINIA ST.  
CLEARWATER FL 34623-2216**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**04/11/1979**

3a. Date of Last Report  
**02/09/1996**

4. FEI Number  
**59-1901486**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABELSON, DAVID A</b>	
STREET ADDRESS	<b>4944 KILKENNY WAY</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Sobel, Mike</b>	
1.3 STREET ADDRESS	<b>3547 Shoreline Circle</b>	
1.4 CITY-ST-ZIP	<b>Palm Harbor, FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUTENBERG, CHARLES</b>	
STREET ADDRESS	<b>28050 US HWY 19 N</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rutenberg, Charles</b>	
2.3 STREET ADDRESS	<b>3140 Masters Drive</b>	
2.4 CITY-ST-ZIP	<b>Clearwater, FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LAUFER, SALLY</b>	
STREET ADDRESS	<b>1800 COUNTRY LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUCKERMAN, RALPH</b>	
STREET ADDRESS	<b>1716 HERMIT THRUSH LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, ERWIN J</b>	
STREET ADDRESS	<b>2757 COUNTRYSIDE BLVD.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Harrison, Erwin J.</b>	
5.3 STREET ADDRESS	<b>2757 Countryside Blvd.</b>	
5.4 CITY-ST-ZIP	<b>Clearwater, FL</b>	

TITLE	<b>M</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COHEN, HERBERT N</b>	
STREET ADDRESS	<b>2501 HARN BLVD #H37</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Kent, Reva</b>	
6.3 STREET ADDRESS	<b>3136 Masters Drive</b>	
6.4 CITY-ST-ZIP	<b>Clearwater, FL</b>	

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.

SIGNATURE *[Handwritten signatures]*

CR2E037 (9/96)