## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91032 001 \*\*\*\*61.25

1. Entity Nam	MENT # 746704 MEIR/KENT JEWISH CENTE	ER, INC.				W W T	# () "N II		
Principal Place 2010 GREEN CLEARWATER	IBRIAR BOULEVARD		Mailing Address 2010 GREENBRIAR BOULEVARD CLEARWATER, FL 33763						
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072004 Ch	g-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Number 59-1901486	<u> </u>		oplied For ot Applicable	
Zip Country		Zip	Country		5. Certificate of Sta	itus Desired	S8.75 Ad Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and Addr	ess of New R	legistered Agent		
ADELMAN	I SETH		Nam	ne					
31177 U.S	RBOR, FL 34684		Stree	et Address	(P.O. Box Number is N	ot Acceptable	e)		
			City				FL Zip Coo	le	
					<del></del>				
8. The above the obligat	named entity submits this statement for tions of teastered agent.		e registered office			he State of Fid	orida. I am familiar with	, and accept	
	MANU COL	ora 7	1245U	~		//	2409		
SIGNATURE;	Signature, typed or printed name of registered agent a		E: Règistered Agent s		d when reinstating)		DATE		
SIGNATURE,	Signature, typed or prioted name of registered agent a	and title if applicable. (NOT	E: Registered Agent s	ignature require	d when reinstalling)		DATE		
	Signature, when or printed name of registered agent a Filling Fee is \$61.25  Due by May 1, 2004	and title if applicable. (NOT	E: Règistered Agent s mpåign Financir	ignature require	\$5.00 May Be Added to Fees		DATE lake check payable to		
	Filing Fee is \$61.25	nd lite if applicable. (NOT  9. Election Cal  Trust Fund to	E: Règistered Agent s mpåign Financir	ignaturs required	\$5.00 May Be Added to Fees	Flor	lake check payable t	tate	
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10.  THILE  NAME  STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  D  KENT, REVA 3136 MASTERS DRIVE	nd lille if applicable. (NOT  9. Election Ca  Trust Fund I	E: Registered Agent s  Impaign Financir  Contribution.  11.  IIILE  NAME  STREET ADDRE	ignature required	\$5.00 May Be Added to Fees	Flor	lake check payable to ida Department of S	V 10	
10. THLE NAME STREET ADDRESS CHY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  D  KENT, REVA 3136 MASTERS DRIVE CLEARWATER, FL	9. Election Cal Trust Fund	E: Registered Agent s.  Impaign Financir Contribution.  11.  IITLE NAME STREET ADDRE CITY-SI-ZIP	ignature required	\$5.00 May Be Added to Fees	Flor	lake check payable to ida Department of S RS AND DIRECTORS IN Change	N 10 Addition	
10. THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  D  KENT, REVA 3136 MASTERS DRIVE  CLEARWATER, FL  PP	nd lille if applicable. (NOT  9. Election Ca  Trust Fund I	E: Registered Agent s.  Impaign Financir Contribution.  11.  TITLE NAME STREET ADDRE CITY-SI-ZIP TITLE	ignature required	\$5.00 May Be Added to Fees	Flor	lake check payable to ida Department of S	V 10	
10. THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIR  D  KENT, REVA 3136 MASTERS DRIVE CLEARWATER, FL  PP  NEWMARK, STANLEY	9. Election Cal Trust Fund	E: Registered Agent s.  Impaign Financir Contribution.  11.  TITLE NAME STREET ADDRE CITY-SI-ZIP  TITLE NAME NAME	ng :	\$5.00 May Be Added to Fees	Flor	lake check payable to ida Department of S RS AND DIRECTORS IN Change	N 10 Addition	
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12. 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 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 charged, or on an attachment with an address, with all other like empowered. Seth Adela

Madela SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-736-1484 Daytime Phone #