
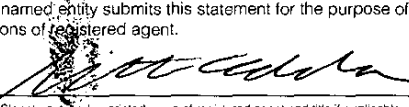
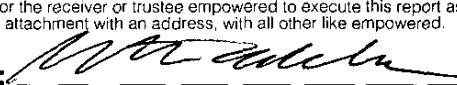


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91032 001 ****61.25

DOCUMENT # 746704					
1. Entity Name GOLDA MEIR/KENT JEWISH CENTER, INC.					
Principal Place of Business 2010 GREENBRIAR BOULEVARD CLEARWATER, FL 33763			Mailing Address 2010 GREENBRIAR BOULEVARD CLEARWATER, FL 33763		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1901486	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required 01072004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADELMAN, SETH 31177 U.S. 19 NORTH #814 PALM HARBOR, FL 34684			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 		Seth Adelman Treasurer		4/21/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENT, REVA	NAME			
STREET ADDRESS	3136 MASTERS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP			
TITLE	PP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWMARK, STANLEY	NAME			
STREET ADDRESS	3151 OYSTER BAYOU WAY	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUTENBURG, CHARLES	NAME			
STREET ADDRESS	3262 HYDE PARK BLVD	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADELMAN, SETH	NAME			
STREET ADDRESS	31177 U.S. HWY 19 NORTH, #814	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DINER, RONALD	NAME			
STREET ADDRESS	7870 LANTANA CREEK RD	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33777	CITY-ST-ZIP			
TITLE	PE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SILBERMANN, GALE	NAME			
STREET ADDRESS	1201 WILLOW WICK CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP			
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Seth Adelman Treasurer		4/21/04 727-736-1494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

74670400

