

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 035 ****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**

50052216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1901486

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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)

2730 Penzance St

City

Palm Harbor

FL

Zip Code

34684

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **D**
STREET ADDRESS **KENT, REVA**
CITY-ST-ZIP **3136 MASTERS DRIVE
CLEARWATER, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PP**
STREET ADDRESS **NEWMARK, STANLEY**
CITY-ST-ZIP **3151 OYSTER BAYOU WAY
CLEARWATER, FL 33759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RUTENBURG, CHARLES**
CITY-ST-ZIP **3262 HYDE PARK BLVD
CLEARWATER, FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ADELMAN, SETH**
CITY-ST-ZIP **31177 U.S. HWY 19 NORTH, #814
PALM HARBOR, FL 34684**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2730 Penzance St.**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DINER, RONALD**
CITY-ST-ZIP **7870 LANTANA CREEK RD
LARGO, FL 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PE**
STREET ADDRESS **SILBERMANN, GALE**
CITY-ST-ZIP **1201 WILLOW WICK CIRCLE
SAFETY HARBOR, FL 34695**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #