

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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



04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1901486	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAUFER, SALLY
1800 COUNTRY LANE
PALM HARBOR, FL 33683

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000913835
05/08/08-80031-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEGEL, TODD 10043 WINDTREE BLVD. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SADOWSKY, DAVID 2552 KNOTTY PINE WAY CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUFER, SALLY 1800 COUNTRY LANE PALM HARBOR, FL 33468
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILBERMAN, GALE 1201 WILLOWWICK CIRCLE SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMARK, STAN 3151 OYSTER BAYOU WAY CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, REVA 3136 MASTERS DRIVE CLEARWATER, FL 33761

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sally A. Laufer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08
Date

727-736-1494
Daytime Phone #