

**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)

4. FEI Number
59-1901486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

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