FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748124 (5)

1. Corporation Name
THE PINELLAS COUNTY JEWISH DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
301 59TH STREET NORTH ST PETERSBURG FL 33710	301 59TH STREET NORTH ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1979
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1920812 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, MICHAEL
7816-10TH AVE.S.
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D PD (Co)	☒ Change ☐ Addition
NAME	IGEL, STEVE	1.2 NAME	Tucker, Ilene	
STREET ADDRESS	2804 BLUFFS DR.	1.3 STREET ADDRESS	12377 Oaks Lane	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Seminole, Fl 34642	
TITLE	VD	2.1 TITLE	D CS	☒ Change ☐ Addition
NAME	ROBERTS, JAMES	2.2 NAME	Steckler, Eric	
STREET ADDRESS	1663 FARRIER TRAIL	2.3 STREET ADDRESS	1703 Huntington Court	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Safety Harbor, Fl. 34695	
TITLE	SD	3.1 TITLE	D RS	☒ Change ☐ Addition
NAME	GOLDBERG, PAUL	3.2 NAME	Goldberg, Paul	
STREET ADDRESS	7970 GARDEN DRIVE	3.3 STREET ADDRESS	7970 Garden Drive	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Fl. 33710	
TITLE	TD	4.1 TITLE	D TD/PD (Co)	☒ Change ☐ Addition
NAME	PHILLIPS, MICHAEL	4.2 NAME	Phillips, Michael	
STREET ADDRESS	7816-10TH AVE.S.	4.3 STREET ADDRESS	7816-10th Avenue, S.	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, Fl. 33707	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/20/95 (813) 321-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014782