FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(5)

DOCUMENT #

1. Corporation Name THE DINIER AS COUNTY JEWISH DAY SCHOOL, INC.

IME PIR	AETTWO COOMILI DEAMOLL	DAT SCHOOL, INC.					
Principal Place of	of Business	Mailing Address) (BASIS INDII OLDUL INDIN 11AIA EINII	Athr Baffer brans armir ar	ifft Biffet Britis eder	
301 59TH STREET NORTH ST PETERSBURG FL 33710		301 59TH STREET NORTH ST PETERSBURG FL 33710					
					3. Date Incorporated or Qualified 07/19/1979	3a. Date of Lat 04/07	/1995
2. Principal Plac	ce of Business	2a. Mailing Address		1.0	4. FEI Number		Applied For Not Applicable
21 1775	5. Highland Ave		and	THE	59-1920812	\$8.	75 Additional
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	e Required	
City & State		City & State		6. Election Campaign Financing	\$5	.00 May Be	
23 Clean	vater Fr	28 Cleanvater	FI		Trust Fund Contribution		ded to Fees
Zip	Country	210 3/6/6 3n	Country	А	B. This corporation has liability for	intangible tax under □ Yes □ No	s. 199.032,
24 346	0/6 25 USA	25 2 - 00	us,	7	Florida Statutes 10. Name and Address of New R		
	9. Name and Address of Curren	t Hegistered Agent	81	Name 7	Thene Turker		
			82	Ź	ddress (P.O. Box Number is Not Acceptate		
PHILLIPS, MICHAEL				Street ed	377 Oaks Lanc		
	TH AVE.S.		83				
SI. PEII	ERSBURG FL 33707		84	City	- 1	85	Zip Code
				•	seminde_	FL L	34642
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes, the	ne above-r	amed corp	poration submits this statement for the pulporation of directors. I hereby accept the app	rpose of changing if ointment as registe	ts registered office fred agent. I am
	ed agent, or both, in the State of Flori h, and accept the obligations of Sect		y trie corp	JI ALION S DI	bard of directors. Thereby design the sape	1/30/9	6->
SIGNATURE	W2 - S	Tun				<u> </u>	
	Signature, typed aprinted name of registered agent		egistered Agen	t signature req	juired when rainstating) ADDITIONS/CHANGES TO OFF	FICERS AND DIREC	CTORS IN 12
12.		D DIRECTORS	1.1 TITLE	T		Chan	
TITLE NAME	PD Turker, Ilene	_	1.2 NAME				
STREET AC DRESS	12377 OAKS LANE			ADDRESS			
CITY-ST-ZIP	SEMINOLE FL	· =		iT-ZiP			
TITLE	CS	DETELE		i		Chan	ige Addition
NAME	STECKLER, ERIC						
STREET ADDRESS	1703 HUNTINGTON COURT		2 3 STREE1	ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL	F-2054 FTG	2 4 CHY-	ST-ZIP		Chan	nge [7] Addition
TITLE	RD	DETELE	3.1 TITLE				
NAME	GOLDBERG, PAUL		3.2 NAME	r address			
STREET ADDRESS	7970 GARDEN DRIVE		3.3 SINEC	į.			
CITY-ST-ZIP	ST. PETERSBURG FL	OELETE	4.1 TITLE	<u> </u>	Treasurer of B	ned Char	nge Addition
TITLE NAME	PHILLIPS, MICHAEL		4. 2 NAME	Ì	Treasurer of Be Feinman Shevyl 14047 Jennifer Ter	ww.	
STREET ADDRESS	7816-10TH AVE.S.		4.3 STREE	T ADDRESS	14047 Jenniles Tex	mel	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-	ST-ZIP	largo, 12 3464	4	ana Maddisine
TITLE		DELETE	5 1 TITLE	ļ	- 1000 /1- 5101-	☐ Char	nge 🔲 Addition
NAME			5.2 NAME	- 1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		Poteste	5.4 CITY -	ST-ZIP		Cha	inge Addition
TITLE		DELETE	61 TITLE				
NAME			62 NAME				
STREET ADDRESS	ì		6321KF8	T ADORESS			

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

14. Too 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)(K). 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. 83-393-2805