


FILE NOW: FILING FEE IS \$61.25

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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748124 (5)

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

Principal Place of Business 1775 S HIGHLAND AVE CLEARWATER FL 34616 US	Mailing Address 1775 S HIGHLAND AVENUE CLEARWATER FL 34616-1847 US
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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
	Country 29
	Country 30

3. Date Incorporated or Qualified 07/19/1979	3a. Date of Last Report 04/22/1996
4. FEI Number 59-1920812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ILENE TURKER
12377 OAKS LANE
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name CAROL J. WILDENSTEIN
82 Street Address (P.O. Box Number is Not Acceptable) 1775 SO HIGHLAND AVE
83
84 City CLEARWATER
85 Zip Code FL 34616

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Carol J. Wildenstein* DATE **5/18/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME TURKER, ILENE	
STREET ADDRESS 12377 OAKS LANE	
CITY-ST-ZIP SEMINOLE FL	
TITLE CS	<input checked="" type="checkbox"/> DELETE
NAME STECKLER, ERIC	
STREET ADDRESS 1703 HUNTINGTON COURT	
CITY-ST-ZIP SAFETY HARBOR FL	
TITLE RD	<input checked="" type="checkbox"/> DELETE
NAME GOLDBERG, PAUL	
STREET ADDRESS 7070 GARDEN DRIVE	
CITY-ST-ZIP ST. PETERSBURG FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME FEINMAN, SHERYL	
STREET ADDRESS 14047 JENNIFER TERRACE	
CITY-ST-ZIP LARGO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME BRUCE ORLOFF	
1.3 STREET ADDRESS 2640 ST ANDREWS DRIVE	
1.4 CITY-ST-ZIP CLEARWATER, FLA 34621	
2.1 TITLE FIRST VP VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME DAVID SADOWSKY	
2.3 STREET ADDRESS 2552 KNOTTY PINE WAY	
2.4 CITY-ST-ZIP CLEARWATER, FLA 34621	
3.1 TITLE SECRETARY SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME LIZ SEMBLER	
3.3 STREET ADDRESS 8698 MAIDSTONE COURT	
3.4 CITY-ST-ZIP LARGO, FLA 34647	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 600002225746	
6.3 STREET ADDRESS -06/30/97--01002--008	
6.4 CITY-ST-ZIP ***61.25	

14. I do 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 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, unchanged, or on an attachment with an address.

CR2E037 (9/96)