

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US
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3. Date Incorporated or Qualified 07/19/1979
4. FEI Number 59-1920812
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WILDENSTEIN, CAROL J
1775 SO HIGHLAND AVE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ORLOFF, BRUCE
STREET ADDRESS	2640 ST ANDREWS DRIVE
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	VD <input type="checkbox"/> DELETE
NAME	SADOWSKY, DAVID
STREET ADDRESS	2552 KNOTTY PINE WAY
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SEMBLER, LIZ
STREET ADDRESS	8000 MAIDSTONE COURT
CITY-ST-ZIP	LARGO FL 34647
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	FENMAN, 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TD ALPERSTEIN, LORI
1.3 STREET ADDRESS	8998 Baywood Park Drive
1.4 CITY-ST-ZIP	Seminole, FL 33777
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD GOFF, SHERYL
2.3 STREET ADDRESS	10040 Windtree Blvd.
2.4 CITY-ST-ZIP	Seminole, FL 33772
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE _____

CP2E037 (10/97)