

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90325 038 ****61.25

DOCUMENT # 748124

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



Principal Place of Business
**1775 S HIGHLAND AVE
CLEARWATER, FL 33756 US**

Mailing Address
**1775 S HIGHLAND AVE
CLEARWATER, FL 33756 US**

50010287



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1920812

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROHRMANN, PAULINE
1775 SO HIGHLAND AVE
CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
SEMBER, DIANE
7306 SAWGRASS POINT DRIVE
PINELLAS PARK, FL 33782** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PE
SELTZER, MICHAEL
2235 BREVARD ROAD NE
SAINT PETERSBURG, FL 33704** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SELTZER, MICHAEL
2235 BREVARD ROAD NE
SAINT PETERSBURG FL 33704** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VM
SIEGEL, JONATHAN
5840 TANGLEWOOD DRIVE NE
SAINT PETERSBURG, FL 33703** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KOBANICK, DEBBIE
1725 LONGBOW LANE
CLEARWATER, FL 33764** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAST PRESIDENT
KOBANICK, DEBBIE
2227 MERMAID POINT NE
SAINT PETERSBURG FL 33704** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PRIETO, JOSE
1765 LONGBOW LANE
CLEARWATER, FL 33764** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FUNDRAISING
SADOWSKY, DAVID
2562 Knolly Pine Way
CLEARWATER FL 33761** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCHLIFSTEIN, MICHELE
678 SNUG ISLAND
CLEARWATER BEACH, FL 33767** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-6-06

Date

727-588-0100

Daytime Phone #