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Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT

1997

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

DOCUMENT # 751334

(4)

1. Corporation Name

TAMPA JEWISH FEDERATION HOUSING, INC.

Principal Place of Business

Mailing Address

4912 E. LINEBAUGH AVE.  
TAMPA FL 336174912 E. LINEBAUGH AVE.  
TAMPA FL 33617-46573. Date Incorporated or Qualified  
03/03/19803a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUHAN, JULIET MASSEY  
4912 E. LINEBAUGH AVE.  
TAMPA FL 33617

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME HARRIS, GARY  
STREET ADDRESS 13808 EAGLE RIDGE CT  
CITY-ST-ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME PEARLMAN, BRIAN  
STREET ADDRESS 2203 N. LOIS AVE. #700  
CITY-ST-ZIP TAMPA FL 336072.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VPD ☐ DELETE  
NAME COHEN, JACK  
STREET ADDRESS 5001 CYPRESS ST., #500  
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME RUDOLPH, RONALD  
STREET ADDRESS 200 HOOVER ST BLDG 205  
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME PEARLMAN, BRIAN  
STREET ADDRESS 201 N FRANKLIN STE 2000  
CITY-ST-ZIP TAMPA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME OLDER, LOIS  
STREET ADDRESS 927 RIVERHILLS DR.  
CITY-ST-ZIP TAMPA FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

Juliet Massey Adam  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 048315

CR2E037 (9/96)