2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sep 01, 2006 8:00 am Secretary of State **DOCUMENT #751334** 09-01-2006 90002 029 ****61.25 TAMPA JEWISH FEDERATION HOUSING, INC. Principal Place of Business Mailino Address 40102522 4912 E. LINEBAUGH AVE. 4912 E. LINEBAUGH AVE. TAMPA, FL 33617 TAMPA, FL 33617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (4/06) City & State City & State FEI Number 59-1997358 Applied For Not Applicable Zin. Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, GARY Street Address (P.O. Box Number is Not Acceptable) 4912 E LINEBAUGH AVE TAMPA, FL 33617 City 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 tamiliar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstature) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition NAME HARRIS, GARY MARJE STREET ADDRESS 23131 CHRUS VALLEY ROAD STREET ADDRESS CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PEARLMAN, BRIAN NAME 5615 Pine Bay Daive STREET ADDRESS 2203 N. LOIS AVE. #700 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 TAMPA, Fe. CITY-ST. 7IP VPD TITLE ☐ Delete TITLE Change ☐ Addition NAME COHEN, JACK NAME 11618 SedonA de Avila .730 DRUID HILLS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33617 TAMPA FL. 33613 CITY-ST-ZEP TITLE ☐ Delete TITLE Change ☐ Addition RUDOLPH, RONALD NAME NAME 16404 ZURRAQUIN de Avila STREET ADDRESS 15438 N FLORIDA AVE STE 105 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 TAMPA, FL 33613 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME OLDER, LOIS NAME STREET ADDRESS 1301 PARILLA DE AVILA STREET ADDRESS CITY-ST-78 TAMPA, FL 33613 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

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DOCUMENT # 151334 1. Entity Name TAMPA JEWISH/FEDERATION HOUSING, INC. ATTACHMENT Principal Place of Business Mailing Address 4912 E. LINEBAUGH AVE. 4912 E. LINEBAUGH AVE. 0102522 TAMPA, FL 33617 TAMPA, FL 33617 07272006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1997358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRIS, GARY DO NOT WRITE 4912 E LINEBAUGH AVE TAMPA, FL 33617 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HARRIS, GARY STREET ADDRESS 23131 CHRUS VALLEY ROAD CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737 NAME PEARLMAN, BRIAN STREET ADDRESS 2203 N. LOIS AVE. #700 CITY-ST-ZIP TAMPA, FL 33607 VPD TITLE NAME COHEN, JACK STREET ADDRESS 730 DRUID HILLS RD DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33617 IN THIS SPACE TITLE NAME RUDOLPH, RONALD STREET ADDRESS 15438 N FLORIDA AVE STE 105 CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME OLDER, LOIS STREET ADDRESS 1301 PARILLA DE AVILA CITY-ST-78P TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 eath; 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 SIGNOIG OFFICER OR DIRECTOR Date Daytime Phone #