

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751334

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** TAMPA JEWISH FEDERATION HOUSING, INC.

**Current Principal Place of Business:**

4912 E. LINEBAUGH AVE.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

4912 E. LINEBAUGH AVE.  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 59-1997358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRIS, GARY  
4912 E LINEBAUGH AVE  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARRIS, GARY  
Address: 23131 CITRUS VALLEY ROAD  
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: T ( ) Delete  
Name: CACKLING, MARY  
Address: PO BOX 1808  
City-St-Zip: GIBSONTOWN, FL 33534

Title: VPD ( ) Delete  
Name: COHEN, JACK,  
Address: 11618 SEDONA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Delete  
Name: RUDOLPH, RONALD,  
Address: 16404 ZURRAQUIN DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: OLDER, LOIS,  
Address: 1301 PARILLA DE AVILA  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CACKLING

T

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date