FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10: 52

DOCUMENT # 755531 (1)

1. Corporation Name

TAMPA-ORLANDO PINELLAS JEWISH FOUNDATION, INC.

Principal Place of Business	Mailing Address
235 S MAITLAND AVE S-112 MAITLAND FL 32751-2629 US	235 S MAITLAND AVE S-112 MAITLAND FL 32751-2629 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1980
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2053655 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6617 Gunn Highway	26 6617 Gunn Highway
Suite, Apt. #, etc. 22 Suite 136	Suite, Apt. #, etc. 27 Suite 136
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip / Country 24 33625 / 25 USA	Zip / Country 29 33625 / 30 USA

9. Name and Address of Current Registered Agent

FRIEDMAN, MICHAEL, I
235 S MAITLAND AVE
S-112
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Bruce Shanker
82 Street Address (P.O. Box Number Is Not Acceptable): 6617 Gunn Highway
83: #136
84 City: Tampa FL 85 Zip Code: 33625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bruce Shanker — Bruce Shanker — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☐ Change ☐ Addition
NAME	SOLOMON, MARTIN	1.2 NAME		
STREET ADDRESS	4925 BAY WAY PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	PD	XX Change ☐ Addition
NAME	OPPENHEIMER, JACK	2.2 NAME	Sylvan Orloff	
STREET ADDRESS	114 SATSUMA DRIVE	2.3 STREET ADDRESS	1841 Palmcrest Lane	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Clearwater, Florida 34624	
TITLE	VD	3.1 TITLE	VD	XX Change ☐ Addition
NAME	CAPOUANO, ALBERT	3.2 NAME	Stanley I. Levy	
STREET ADDRESS	15 STONE GATE NORTH	3.3 STREET ADDRESS	5210 Neptune Way	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Tampa, Florida 33609	
TITLE	VD	4.1 TITLE	VD	XX Change ☐ Addition
NAME	KATZ, ERWIN	4.2 NAME	Philip Benjamin	
STREET ADDRESS	12412 STILLWATER TERRACE	4.3 STREET ADDRESS	6650 Sunset Way #419	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	St. Pete Beach, Florida 33706	
TITLE	TD	5.1 TITLE	TD	XX Change ☐ Addition
NAME	SCHWEITZER, MARTIN	5.2 NAME	Richard Weiner	
STREET ADDRESS	1566 BELLEAIR LANE	5.3 STREET ADDRESS	3723 Lake Sarah Drive	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Orlando, Florida 32804	
TITLE	SD	6.1 TITLE	SD	XX Change ☐ Addition
NAME	ALPERT, BARRY	6.2 NAME	George Wolly	
STREET ADDRESS	14123-85 AVENUE, NORTH	6.3 STREET ADDRESS	1055 Kensington Park #306	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	Altamonte Springs, Florida 32714	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: Sylvan Orloff — 3/24/95 — 813-961-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003220