2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755531

FILED Feb 18, 2009 Secretary of State

Entity Name: TAMPA-ORLANDO-PINELLAS JEWISH FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13009 COMMUNITY CAMPUS DR TAMPA, FL 33625 LIS

Current Mailing Address: New Mailing Address:

13009 COMMUNITY CAMPUS DR TAMPA, FL 33625 US

FEI Number: 59-2053655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FOX, GREGORY A 13009 COMMUNITY CAMPUS DR TAMPA, FL 33625

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FOX, GREGORY FOX, GREGORY Name: Name: 28050 US 49 N #100 Address: 28050 US 49 N #100 Address:

City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

Title: VD () Delete Title: (X) Change () Addition WEINER, BENJAMIN Name: WEINER, BENJAMIN Name:

Address: 338 W MORSE BLVD SUITE 200 Address: 338 W MORSE BLVD SUITE 200 City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: TD (X) Change () Addition

LANE, KEVIN LANE, KEVIN Name: Name: Address:

2911 W STOVALL STREET 2911 W STOVALL STREET Address:

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629

Title: TD () Delete Title: SD (X) Change () Addition

Name: KOKOL, BOB Name: GENDZIER, DEBBY 880 CARILLION PKWY Address: Address: 637 LONGVIEW PLACE City-St-Zip: ST PETERSBURG, FL 33733 City-St-Zip: LONGWOOD, FL 32779

Title: () Delete Title: (X) Change () Addition

CRAIG, BEHRENFELD ZIELONKA, CARL Name: Name: 601 BAYSHORE BLVD SUITE 700 959 HARBOR BAY DRIVE Address: Address: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33606 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: GREGORY A. FOX **VP** 02/18/2009