E 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

APPROVED AND FILED

95 APR 21 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757760** **(4)**

1. Corporation Name

GOLDA MEIR CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
302 JUPITER AVE. SO. CLEARWATER FL 34615	302 JUPITER AVE. SO. CLEARWATER FL 34615

3. Date Incorporated or Qualified: **04/27/1961**
3a. Date of Last Report: **01/31/1994**
4. FEI Number: **59-2108129** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COHEN, HERB
2501 HARN BLVD.
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

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 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 _____ 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	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	LINSKY, MARSHALL	1.2 NAME	HOFFMAN, Sheldon
STREET ADDRESS	1460 GULF BLVD.	1.3 STREET ADDRESS	3343 Eastlake Shore Lane
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL 34641
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	RUTENBERG, CHARLES	2.2 NAME	
STREET ADDRESS	3140 MASTERS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENT, REVA	3.2 NAME	
STREET ADDRESS	3136 MASTERS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	SCHWARTZ, HERBERT	4.2 NAME	Schwartz, Herbert
STREET ADDRESS	1334 NORMANDY CIR S	4.3 STREET ADDRESS	2922 St Andrews Blvd
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Tarpon Springs FL 34689
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BASEMAN, RABBI	5.2 NAME	
STREET ADDRESS	2240 SUMMERLIN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SHANE, MICHAEL	6.2 NAME	
STREET ADDRESS	104 ANNWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	

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(3)(k), 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: H. Schwartz 4/9/95 813 942-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H. SCHWARTZ