

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766672 (0)

1. Corporation Name

JEWISH MEDIA RELATIONS COUNCIL, INC.



Principal Place of Business

Mailing Address

58 W CENTER ST
TARPON SPGS FL 34689

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TARPON SPGS FL 34689

3. Date Incorporated or Qualified

01/24/1983

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 38577 US19N

26 P.O. Box 2028

4. FEI Number

59-2354125

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

22 Suite, Apt. #, etc.

27 TARPON SPRINGS

23 PALM HARBOR, FL

28 FL

24 34684

Country

29 34688

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIER, HILDA
203 EARL STREET
TARPON SPRINGSS FL 34689

81 Name BERNICE LEVIN

82 Street Address (P.O. Box Number is Not Acceptable)
39650 U.S. 19N - #584

83 TARPON SPRINGS

84 City

FL

85 Zip Code 34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

Bernice Levin

2-2-96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, LINDA	
STREET ADDRESS	3121-C BEECHER DRIVE, E.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCALA, HOWARD	
STREET ADDRESS	2716 ST. ANDREWS	
CITY - ST - ZIP	TARPON SPGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCALA, SINCLAIRE	
STREET ADDRESS	2107 ALEXIS CT.	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, LINDA	
STREET ADDRESS	3121-C BEECHER DR. E.	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, JULES	
STREET ADDRESS	39650 US 19 N #584	
CITY - ST - ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTERS, VICTOR	
STREET ADDRESS	1964 JEFFORDS ST.	
CITY - ST - ZIP	CLEARWATER FL 34624	

1.1 TITLE P/D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCALA, SINCLAIRE	
1.3 STREET ADDRESS	2107 ALEXIS CT.	
1.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
2.1 TITLE P/D	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRUBER, LISGA	
2.3 STREET ADDRESS	125 Kelleys TRAIL	
2.4 CITY - ST - ZIP	OLDSMAR, FL 34677	
3.1 TITLE	BD. MEMBER - AT-LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PINCUS, NEWTON	
3.3 STREET ADDRESS	1801-14 th EAST LAKE RD	
3.4 CITY - ST - ZIP	PALM HARBOR, FL 34685	
4.1 TITLE	BD. MEMBER - AT-LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McKAY, SALLY	
4.3 STREET ADDRESS	589 SEVERS LANDING	
4.4 CITY - ST - ZIP	PALM HARBOR, FL 34683	
5.1 TITLE	BD. MEMBER - AT-LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KORNFELD, LEONARD	
5.3 STREET ADDRESS	1119 MAINSAIL DR	
5.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WALTERS, VICTOR	
6.3 STREET ADDRESS	1964 JEFFORDS	
6.4 CITY - ST - ZIP	CLEARWATER, FL 34624	

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:

Bernice Levin

2-28-96

(813-938-9000)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)