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 MAR -7 PM 1:48

DOCUMENT # 769716 (2)

1. Corporation Name

APALACHEE FEDERATION OF JEWISH CHARITIES, INC.

Principal Place of Business	Mailing Address
414 E. 7TH AVENUE 2ND FLOOR TALLAHASSEE FL 32303 US	P.O. BOX 2561 TALLAHASSEE FL 32316 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/04/1983
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2406976 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 3133 ORTEGA DRIVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28
Zip / Country 24 32312 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

STAUBER, ALVIN
414 E. 7TH AVENUE
2ND FLOOR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: SCHWARTZ, RHEA
82 Street Address (P.O. Box Number is Not Acceptable): 3133 ORTEGA DRIVE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32312

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: [signature] 3-1-95
(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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	STAUBER, ALVIN	1.2 NAME	SCHWARTZ, RHEA	
STREET ADDRESS	2514 BETTON WOODS DR.	1.3 STREET ADDRESS	3133 ORTEGA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	SCHWARTZ, RHEA	2.2 NAME	HOSID, WAYNE	
STREET ADDRESS	3133 ORTEGA DR.	2.3 STREET ADDRESS	4404 BAYSHORE CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	KANTROWITZ, APRIL	3.2 NAME	NORVELLE, RON	
STREET ADDRESS	5721 GRASSLAND RD.	3.3 STREET ADDRESS	6726 ALAN-A-DALE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	TD	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	HOSID, WAYNE	4.2 NAME	SLAVIN, CHARLES	
STREET ADDRESS	1315 CASTLENAU CT.	4.3 STREET ADDRESS	4016 ROSCREA DR	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: CHARLES SLAVIN [signature] 3/1/95 (904)893-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0927701