

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90136 032 ****61.25

DOCUMENT # 769716

1. Entity Name

APALACHEE FEDERATION OF JEWISH CHARITIES,
INC.



Principal Place of Business

C/O BRUCE WOLIN
1011 HURON TRAIL
TALLAHASSEE FL 32317
US

Mailing Address

P.O. BOX 14825
TALLAHASSEE FL 32317-4825
US



2. Principal Place of Business

40 IRWIN KANTROWITZ
Suite, Apt. #, etc.
422 VINNEDGE RIDE

3. Mailing Address

(SAME)
Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32303

Country

LEON

Zip

32303

Country

US

4. FEI Number

59-2406976

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

WOLIN, BRUCE
1011 HURON TRAIL
TALLAHASSEE FL 32317

7. Name and Address of New Registered Agent

Name IRWIN KANTROWITZ

Street Address (P.O. Box Number is Not Acceptable)
422 VINNEDGE RIDE

City TALLAHASSEE FL Zip Code 32303

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Irwin H. Kantrowitz

IRWIN H KANTROWITZ

3/9/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LEVY, MAURICE
STREET ADDRESS 5809 COUNTRYWIDE DR.
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE PD ☐ Delete
NAME KANTROWITZ, IRWIN
STREET ADDRESS 422 VINNEDGE RIDE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VPD ☐ Delete
NAME KAUFMAN, WILLIAM
STREET ADDRESS 8005 EVENING STAR LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE SD ☐ Delete
NAME MENDELSON, LESLEY
STREET ADDRESS 1535 OLDFIELD DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE TD ☒ Delete
NAME WOLIN, BRUCE
STREET ADDRESS 1011 HURON TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE TREASURER ☐ Delete
NAME SHARON BIANUN
STREET ADDRESS 2305 LIMERICK DR
CITY-ST-ZIP TALLAHASSEE FL 32309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Irwin H. Kantrowitz

3/9/06

850 386-1836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #