

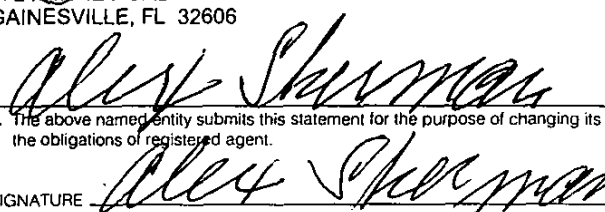




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90075 006 \*\*\*\*61.25

<b>DOCUMENT # 770020</b>					
1. Entity Name <b>JEWISH COUNCIL OF NORTH CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>1816 NW 21ST STREET GAINESVILLE, FL 32605 US</b>			Mailing Address <b>P.O. BOX 14937 GAINESVILLE, FL 32604 US</b>		
2. Principal Place of Business		3. Mailing Address		  01082006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHERMAN, ALEX</b> <b>5724 NW 42 ROAD</b> <b>GAINESVILLE, FL 32606</b> 				Name	
				Street Address (P.O. Box Number is Not Acceptable) <b>5724 NW 42 ROAD</b>	
				City	FL Zip Code
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 		PRESIDENT		1-9-06	
(NOTE: Registered Agent signature required when reinstating)		DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, ALEX		NAME		
STREET ADDRESS	5724 NW 42 ROAD		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFFEY, MELINDA		NAME	KATZ, ERVENE	
STREET ADDRESS	6716 NW 81 BLVD		STREET ADDRESS	1221 NW 91 TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MRS. ROSLYN LEVY		NAME	SCHWARTZ, MICHAEL	
STREET ADDRESS	401 SW 18TH TERR.		STREET ADDRESS	4206 NW 58 WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLMAN, BERNARD		NAME		
STREET ADDRESS	1425 NW 100 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHN, STUART		NAME		
STREET ADDRESS	5105 NW 47TH LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEVER, ROZ		NAME		
STREET ADDRESS	8031 SW 37TH PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		1/9/06		352-377 6966	
(NOTE: Registered Agent signature required when reinstating)		DATE		Daytime Phone #	