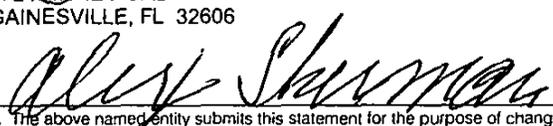


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

|  |                       |  |   |  |  |
|--|-----------------------|--|---|--|--|
| <b>DOCUMENT # 770020</b>   |                       |  |   |         |  |
| 1. Entity Name<br><b>JEWISH COUNCIL OF NORTH CENTRAL FLORIDA, INC.</b>   |                       |  |   |  |  |
| Principal Place of Business<br>1816 NW 21ST STREET<br>GAINESVILLE, FL 32605 US   |                       |  | Mailing Address<br>P.O. BOX 14937<br>GAINESVILLE, FL 32604 US         |  |  |
| 2. Principal Place of Business   |                       | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                       | City & State   |   | 4. FEI Number<br>59-2346066  |  |
| Zip  |                       | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                       |  | 7. Name and Address of New Registered Agent                           |  |  |
| SHERMAN, ALEX<br>5724 NW 42 ROAD NW<br>GAINESVILLE, FL 32606   |                       |  | Name  |  |  |
|    |                       |  | Street Address (P.O. Box Number is Not Acceptable)<br>5724 NW 42 ROAD |  |  |
|  |                       |  | 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  |   | DATE 1-9-06  |  |
| Filing Fee is \$61.25 Due by May 1, 2006   |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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:    |                       | PRESIDENT  |   | DATE 1/9/06  |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                       | PRESIDENT  |   | DATE 1/9/06  |  |
|  |                       |  |   | DAYTIME PHONE # 352-377-6966   |  |