

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770020

FILED
Jan 06, 2007
Secretary of State

Entity Name: JEWISH COUNCIL OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1816 NW 21ST STREET
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14937
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-2346066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, ALEX
5724 NW 42 ROAD
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

GOLDMAN, ABRAHAM DR.
309 NW 23RD DRIVE
GAINESVILLE, FL 32607 US

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.

SIGNATURE: DR. ABRAHAM GOLDMAN

01/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERMAN, ALEX
Address: 5724 NW 42 ROAD
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: KATZ, ERVENE
Address: 1221 NW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SCHWARTZ, MICHAEL
Address: 4206 NW 58 WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: MELLMAN, BERNARD
Address: 1425 NW 100 TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: COHN, STUART
Address: 5105 NW 47TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SHEEVER, ROZ
Address: 8031 SW 37TH PL
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOLDMAN, ABRAHAM DR.
Address: 309 NW 23RD DRIVE
City-St-Zip: GAINESVILLE, FL 32607

Title: S (X) Change () Addition
Name: KATZ, ERVENE MRS.
Address: 1221 NW 91ST TERRACE
City-St-Zip: GAINESVILLE, FL 326006

Title: D (X) Change () Addition
Name: SCHWARTZ, MICHAEL DR.
Address: 4206 NW 58 WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: T (X) Change () Addition
Name: POSTAL, ALBERT DR.
Address: 4411 SW 180TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change () Addition
Name: COHN, STUART MR.
Address: 5105 NW 47TH LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: D (X) Change () Addition
Name: BANDYOPADHYAY, ROSALIE MRS.
Address: 8333 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. ABRAHAM GOLDMAN

P

01/06/2007

Electronic Signature of Signing Officer or Director

Date