# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# 770020

**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
GAINSVILLE, 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:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | GOLDMAN, ABRAHAM DR. | |
| Address: | 309 NW 23RD DRIVE | |
| City-St-Zip: | GAINESVILLE, FL 32607 | |
| Title: | S | ( ) Delete |
| Name: | KATZ, ERVENE MRS. | |
| Address: | 1221 NW 91ST TERRACE | |
| City-St-Zip: | GAINESVILLE, FL 326006 | |
| Title: | D | ( ) Delete |
| Name: | SCHWARTZ, MICHAEL DR. | |
| Address: | 4206 NW 58 WAY | |
| City-St-Zip: | GAINESVILLE, FL 32606 | |
| Title: | T | ( ) Delete |
| Name: | BOBRUFF, STEVE | |
| Address: | 4326 SW 180 DR | |
| City-St-Zip: | NEWBERRY, FL 32669 | |
| Title: | D | ( ) Delete |
| Name: | COHN, STUART MR. | |
| Address: | 5105 NW 47TH LANE | |
| City-St-Zip: | GAINESVILLE, FL 32606 | |
| Title: | D | ( ) Delete |
| Name: | BANDYOPADHYAY, ROSALIE MRS. | |
| Address: | 8333 SW 4TH PLACE | |
| City-St-Zip: | GAINESVILLE, FL 32607 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify 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 01/14/2009

Electronic Signature of Signing Officer or Director — Date