

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90007 006 ****61.25

DOCUMENT # N03000002802

1. Entity Name
CENTRAL FLORIDA UNITED JEWISH COMMUNITIES INC.



Principal Place of Business
319 SE 10TH AVE
OCALA, FL 34471

Mailing Address
319 SE 10TH AVE
OCALA, FL 34471

54022486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

56-2348594

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUMAN, GLENN
3681 SE 26TH AVE
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 PD ☐ Delete
NAME DITTMAN, MORRIS
STREET ADDRESS 9840-R SW 88 COURT ROAD
CITY-ST-ZIP Ocala, FL 34481

TITLE SD ☐ Delete
NAME KLITENICK, PAT
STREET ADDRESS 319 SE 10TH AVE
CITY-ST-ZIP Ocala, FL 34471

TITLE TD ☐ Delete
NAME SHUMAN, GLENN
STREET ADDRESS 3681 SE 26TH AVE
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☐ Delete
NAME PLOW, HARRY
STREET ADDRESS 8650 A SW 92ND PLACE
CITY-ST-ZIP Ocala, FL 34481

TITLE D ☐ Delete
NAME SPECTOR, JIM
STREET ADDRESS 8837 D SW 95TH LANE
CITY-ST-ZIP Ocala, FL 34481

TITLE D ☒ Delete
NAME ORMOS, DICK
STREET ADDRESS 12780 SE 92ND TERR
CITY-ST-ZIP SUMMERFIELD, FL

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

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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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glenn A Shuman Glenn A Shuman

3/24/04

352-
629-0105