

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004020

FILED
Feb 08, 2007
Secretary of State

Entity Name: THE JEWISH PAVILION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

515 S DELANEY AVE
ORLANDO, FL 32801

New Principal Place of Business:

421 MONTGOMERY RD.
SUITE 141
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 4654
WINTER PARK, FL 32793

New Mailing Address:

PO BOX 160056
ALTAMONTE SPRINGS, FL 32716

FEI Number: 86-1082060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANDELKERN, I. PAUL
215 N EOLA DRIVE
ORLANDO, FL 32802 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: D () Delete
Name: CHEPENIK, CLAIRE
Address: 515 S DELANEY AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: KAHAN, JUDY
Address: 515 S DELANEY AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MEITIN, SHERYL
Address: 515 S DELANEY AVE
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHEPENIK, CLAIRE
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Change () Addition
Name: HODES, IAN
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: VP (X) Change () Addition
Name: MEITIN, SHERYL
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Change (X) Addition
Name: LIEBLICH, CATHY
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: SAMBOL, STEVE
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Change (X) Addition
Name: FALK, JAY
Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CLAIRE CHEPENIK

P

02/08/2007

Electronic Signature of Signing Officer or Director

Date