2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004020

FILED Mar 09, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 421 MONTGOMERY RD. SUITE 141 ALTAMONTE SPRINGS, FL 32714 **New Mailing Address: Current 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: Name and Address of New Registered Agent: MANDELKERN, I. PAUL 215 N EOLA DRIVE ORLANDO, FL 32802 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CHEPENIK, CLAIRE MRS. Name: LANG, ELLEN MRS. Name: 421 MONTGOMERY RD., SUITE 141 Address: 421 MONTGOMERY RD., SUITE 141 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: () Change () Addition SAFT, SANDRA MRS. Name: Name: Address: 421 MONTGOMERY RD., SUITE 141 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32716 City-St-Zip: Title: () Delete Title: () Change () Addition MEITIN, SHERYL MRS. Name: Name: 421 MONTGOMERY RD., SUITE 141 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: (X) Change () Addition Title: Title: () Delete Name: LIEBLICH, CATHY MRS. Name: KLEIMAN, SUSIE MRS. Address: 421 MONTGOMERY RD., SUITE 141 Address: 421 MONTGOMERY RD., SUITE 141 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: (X) Change () Addition SAMBOL, STEVE MR. RUBEN, TONY MR. Name: Name: 421 MONTGOMERY RD., SUITE 141 421 MONTGOMERY RD., SUITE 141 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: () Delete Title: () Change () Addition SLUTZKER, DAVID Name: Name: Address: 421 MONTGOMERY RD., SUITE 141 Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: 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: NANCY LUDIN DIR 03/09/2009