


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90017 027 \*\*\*\*61.25

<b>DOCUMENT # N04000003029</b> 1. Entity Name JEWISH HOUSING COUNCIL FOUNDATION, INC.					
Principal Place of Business 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236			Mailing Address 240 S. PINEAPPLE AVE. 10TH FLOOR SARASOTA, FL 34236		
2. Principal Place of Business 1951 N. Honore Ave			3. Mailing Address 1951 N. Honore Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sarasota, FL			City & State Sarasota, FL		
Zip 34235		Country USA		4. FEI Number 20-0910348	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  DOERR, KENNETH D 240 S PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236			7. Name and Address of New Registered Agent  Name <u>Darlene Arbeit</u> Street Address (P.O. Box Number is Not Acceptable)  1951 N. Honore Ave. City <u>Sarasota</u> <u>FL</u> Zip Code <u>34235</u>		
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 <u>Darlene R. Arbeit</u> <u>3/25/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Murray Seitman 1951 N. Honore Ave. Sarasota, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Warren Coville 1951 N. Honore Ave. Sarasota, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Alan Gidwitz 1951 N. Honore Ave. Sarasota, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Collier 1951 N. Honore Ave. Sarasota, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lois Stulberg 1951 N. Honore Ave. Sarasota, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eli Nefussy 1951 N. Honore Ave. Sarasota, FL 34235 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied on 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: <u>Murray Seitman</u> <u>3/29/05</u> <u>9413770781</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					