

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N17521

1. Entity Name
JEWISH CONGREGATION OF SUN CITY CENTER, INC.



Principal Place of Business
**1115 EAST DEL WEBB BLVD.
PO BOX 5203
SUN CITY CENTER, FL 33573**

Mailing Address
**P. O. BOX 5203
SUN CITY CENTER, FL 33571 US**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2079712

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINSKY, DONALD B.
1509 SUN CITY CENTER PLAZA
SUN CITY CENTER, FL 33570**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MICHAEL, JUDITH A**
STREET ADDRESS **1238 DEL WEBB BLVD W.**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **P**
NAME **AXINN, DELYSE**
STREET ADDRESS **813 LA JOLLA AVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **S**
NAME **DAVID, EVELYN**
STREET ADDRESS **1616 INGRAM DR**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **V**
NAME **KRAMER, OSCAR**
STREET ADDRESS **2212 DEL WEBB BLVD. W**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000815482
02/14/08-80011-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

Oscar M. Kramer
3/31/2008 813-642-0621