# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:57

DOCUMENT # **N19909** **(3)**

1. Corporation Name
**KENT JEWISH COMMUNITY CENTER PRESCHOOL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1955 VIRGINIA STREET<br>CLEARWATER FL 34623 | 1955 VIRGINIA STREET<br>CLEARWATER FL 34623 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1987**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-2790461** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

ZUCKERMAN, RALPH
1716 HERMIT THRUSH LANE
PALM HARBOR FL 34683

**10. Name and Address of New Registered Agent**

| | |
|---|---|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | PD ☒ Change ☐ Addition |
| NAME | MILLER, LAWRENCE | 1.2 NAME | ERWIN J. HARRISON |
| STREET ADDRESS | 1323 WEBER DRIVE | 1.3 STREET ADDRESS | 2757 COUNTRYSIDE BLVD |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | CLEARWATER, FL 34621 |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KENT, REVA | 2.2 NAME | |
| STREET ADDRESS | 3136 MASTERS DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | RUTENBERG, CHARLES | 3.2 NAME | |
| STREET ADDRESS | 28059 US HWY 19 N S-301 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAUFER, SALLY | 4.2 NAME | |
| STREET ADDRESS | 1800 COUNTRY LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 4.4 CITY-ST-ZIP | |
| TITLE | TD | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | ZUCKERMAN, RALPH | 5.2 NAME | |
| STREET ADDRESS | 1716 HERMIT THRUSH LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM HARBOR FL | 5.4 CITY-ST-ZIP | |
| TITLE | M | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | COHEN, HERBERT | 6.2 NAME | |
| STREET ADDRESS | 2501 HARN BLVD #H-37 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ JAN. 13, 1995 (813) 736-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HERBERT N. COHEN, EXECUTIVE DIRECTOR

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