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Jun 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N19909 (3)
1. Corporation Name
KENT JEWISH COMMUNITY CENTER PRESCHOOL, INC.



Principal Place of Business Mailing Address
1955 VIRGINIA STREET 1955 VIRGINIA STREET
CLEARWATER FL 34623 CLEARWATER FL 34623-2216

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
04/01/1987 02/09/1996
4. FEI Number Applied For
59-2790461 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUCKERMAN, RALPH
1716 HERMIT THRUSH LANE
PALM HARBOR FL 34683

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 617.0502 and 617.1508, 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 I accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE *Ralph Zuckerman* *Ralph Zuckerman* 6/9/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent; signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRISON, ERWIN J	
STREET ADDRESS	2757 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, REVA	
STREET ADDRESS	3136 MASTERS DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUTENBERG, CHARLES	
STREET ADDRESS	28059 US HWY 19 N S-301	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAUFER, SALLY	
STREET ADDRESS	1800 COUNTRY LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZUCKERMAN, RALPH	
STREET ADDRESS	1716 HERMIT THRUSH LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, HERBERT	
STREET ADDRESS	2501 HARN BLVD #H-37	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harrison, Erwin J.	
1.3 STREET ADDRESS	2757 Countryside Blvd.	
1.4 CITY-ST-ZIP	Clearwater, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rutenberg, Charles	
3.3 STREET ADDRESS	3140 Masters Drive	
3.4 CITY-ST-ZIP	Clearwater, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sobel, Mike	
6.3 STREET ADDRESS	3547 Shoreline Circle	
6.4 CITY-ST-ZIP	Palm Harbor, FL	

14. I do hereby certify that the information supplied with 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 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.

CR2E037 (9/96)