

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>1955 VIRGINIA STREET CLEARWATER FL 34623</b>	Mailing Address <b>1955 VIRGINIA STREET CLEARWATER FL 34623</b>
--	--

3. Date Incorporated or Qualified <b>04/01/1987</b>
4. FEI Number <b>59-2790461</b>
Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ZUCKERMAN, RALPH  
1710 HERMIT THRUSS LANE  
PALM HARBOR FL 34683~~

81 Name <b>Mindy Solomon</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1871 Salem Court</b>
83
84 City <b>Dunedin</b>
85 Zip Code <b>FL 34628</b>

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mindy Solomon* **MINDY SOLOMON P.D 2/3/98**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HARRISON, ERWIN J</b>	
STREET ADDRESS <b>2757 COUNTRYSIDE BLVD.</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>KENT, REVA</b>	
STREET ADDRESS <b>3138 MASTERS DRIVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RUTENBERG, CHARLES</b>	
STREET ADDRESS <b>3140 MASTERS DRIVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <del>LAUFER, GALLY</del>	
STREET ADDRESS <del>1800 COUNTRY LANE</del>	
CITY-ST-ZIP <del>PALM HARBOR FL</del>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <del>ZUCKERMAN, RALPH</del>	
STREET ADDRESS <del>1710 HERMIT THRUSS LANE</del>	
CITY-ST-ZIP <del>PALM HARBOR FL</del>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <del>SOBEL, MIKE</del>	
STREET ADDRESS <del>3547 SHORELINE CIRCLE</del>	
CITY-ST-ZIP <del>PALM HARBOR FL</del>	

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Lois H. Schwartz</b>	
1.3 STREET ADDRESS <b>500 S Bekker Road #5</b>	
1.4 CITY-ST-ZIP <b>hargo, FL 33771</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Lois H. Schwartz* **Lois H. Schwartz Director 2/2/98 (813) 736-1424**

CR2E037 (10/97)