

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24906 (2)
1. Corporation Name
GULF COAST JEWISH FAMILY SERVICES FOUNDATION, INC.



Principal Place of Business 14041 ICOT BLVD. CLEARWATER FL 34620 US	Mailing Address 14041 ICOT BOULEVARD CLEARWATER FL 34620 US
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3. Date Incorporated or Qualified 02/18/1988	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1229354	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33760	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33760
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BERNSTEIN, MICHAEL A.
14041 ICOT BOULEVARD
CLEARWATER FL 34620 33760**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACOBS, JACQUELINE		1.2 NAME Mensh, Myron	
STREET ADDRESS 7400 SUN ISLE DR. #811		1.3 STREET ADDRESS 3018 82nd Way N.	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP St. Petersburg, FL 33710	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ISRAEL, WILLIAM		2.2 NAME Rubin, Leslie	
STREET ADDRESS 2015 DOLPHIN BLVD.		2.3 STREET ADDRESS 3026 Oakmont Dr.	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP Clearwater, FL 33761	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOBLE, JAMES B ESQUIRE		3.2 NAME	
STREET ADDRESS 2700 LANDMARK CTR, 401 E JACKSON ST		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERSTEIN, MICHAEL		4.2 NAME	
STREET ADDRESS 14041 ICOT BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER RG FL 34620		4.4 CITY-ST-ZIP 33760	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FAYER, FLORENCE		5.2 NAME	
STREET ADDRESS 1885 SHORE DRIVE S., #534		5.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		5.4 CITY-ST-ZIP 33707	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME APTER, LEONARD		6.2 NAME	
STREET ADDRESS 1400 PASA-A-GRILLE WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		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:  **Michael Bernstein** 3/24/98 (813) 538-7460

CP2E037 (10/97)