

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90001 009 \*\*\*\*70.00

**DOCUMENT #**

N24906 ✓

1. Corporation Name

GULF COAST JEWISH FAMILY SERVICES FOUNDATION, INC.

Principal Place of Business

14041 ICOT BLVD.  
CLEARWATER FL 33760  
US

Mailing Address

14041 ICOT BLVD.  
CLEARWATER FL 33760  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

= 02/18/1988

4. FEI Number

59-1229354

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

BERNSTEIN, MICHAEL  
14041 ICOT BOULEVARD  
CLEARWATER FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE C ☐ DELETE  
NAME MENSCH, MYRON  
STREET ADDRESS 3018 82ND WAY N.  
CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE TD ☐ DELETE  
NAME RUBIN, LESLIE  
STREET ADDRESS 3026 OAKMONT DR.  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE D ☐ DELETE  
NAME BERNSTEIN, MICHAEL  
STREET ADDRESS 14041 ICOT BLVD.  
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE SD ☐ DELETE  
NAME FAYER, FLORENCE  
STREET ADDRESS 1885 SHORE DRIVE S., #534  
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE D ☐ DELETE  
NAME GELBART, JUNE  
STREET ADDRESS P. O. BOX 5185  
CITY-ST-ZIP CLEARWATER, FL 33758 N/A

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

**SIGNATURE:**

*Michael Bernstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Bernstein

4/28/99 (727)538-7460

Date

Daytime Phone #

CR2E037 (1/98)