

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24906

FILED
Apr 27, 2004
Secretary of State

Entity Name: GULF COAST JEWISH FAMILY SERVICES FOUNDATION, INC.

Current Principal Place of Business:

14041 ICOT BLVD.
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

14041 ICOT BOULEVARD
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-1229354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BERNSTEIN, MICHAEL A.
14041 ICOT BOULEVARD
CLEARWATER, FL 34620 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MENSCH, MYRON
Address: 9877 SAGO POINT DR
City-St-Zip: LARGO, FL 33777

Title: TD () Delete
Name: RUBIN, LESLIE
Address: 3026 OAKMONT DR
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: BERSTEIN, MICHEAL
Address: 14041 ICOT BLVD.
City-St-Zip: CLEARWATER RG, FL 33760

Title: SD () Delete
Name: FAYER, FLORENCE
Address: 1885 SHORE DRIVE S., #534
City-St-Zip: ST PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BERNSTEIN

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date