


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N24906</b>	
1. Entity Name GULF COAST JEWISH FAMILY SERVICES FOUNDATION, INC.	

Principal Place of Business 14041 ICOT BLVD. CLEARWATER, FL 33760 US	Mailing Address 14041 ICOT BOULEVARD CLEARWATER, FL 33760 US
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1229354	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000195636  
01/26/05-80036-009 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MENSCH, MYRON 9877 SAGO POINT DR LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUBIN, LESLIE 3026 OAKMONT DR CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSTEIN, MICHAEL 14041 ICOT BLVD. CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAYER, FLORENCE 1885 SHORE DRIVE S., #534 ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05 (727) 538-7150  
Date Daytime Phone #