

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N24906

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**



04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1229354

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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 RG, 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	

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IN THIS SPACE**

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05/21/07-80018-009 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

MICHAEL BERNSTEIN

Daytime Phone #

4/25/07 (727) 479-1800