

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N27715

1. Corporation Name

FLANZER JEWISH COMMUNITY CENTER, INC.

Principal Place of Business

582 S. MCINTOSH ROAD  
SARASOTA FL 34232

Mailing Address

582 S. MCINTOSH ROAD  
SARASOTA FL 34232

FILED  
Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90039 035 \*\*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/03/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0076929

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, DANIEL M  
582 S. MCINTOSH ROAD  
SARASOTA FL 34232

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME KLABER, LIZ  
STREET ADDRESS 4461 VIOLET AVE  
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE VPD  
NAME SALZMAN, HONEY  
STREET ADDRESS 3133 WINDRUSH BOURNE  
CITY-ST-ZIP SARASOTA FL 34235

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

TITLE VPD  
NAME AXELRAD, MILTON  
STREET ADDRESS 535 SANCTUARY DR #A601  
CITY-ST-ZIP LONGBOAT KEY FL 34228

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

TITLE S  
NAME SCHWARTZ, MARK  
STREET ADDRESS 4860 HANGING MOSS LANE  
CITY-ST-ZIP SARASOTA FL 34238

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

TITLE VT  
NAME ZELITT, STEPHEN  
STREET ADDRESS 3421 BEEKMAN PL. R.  
CITY-ST-ZIP SARASOTA FL

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

TITLE D  
NAME WEINSTEIN, JUDY  
STREET ADDRESS 4618 TRAILS DR.  
CITY-ST-ZIP SARASOTA FL

6.1 TITLE  
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:

*Judy Weinstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

941-378-5568

Date

Daytime Phone #

CR2E037 (11/98)