FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N95000003394 (2) DOCUMENT #

1. Corporation Name

SARASOTA MANATEE JEWISH COMMUNITY DAY SCHOOL, IN

<u> </u>						
Principal Place	of Business	Mailing Address				1 1941191 010 12101 01111 02111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111 03111
580 SOUTH M SARASOTA FL	CINTOSH ROAD . 34232	580 SOUTH MCINTOSH SARASOTA FL 34232	580 SOUTH MCINTOSH ROAD SARASOTA FL 34232			
						3. Date Incorporated or Qualified 07/18/1995 3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number
21		26				
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
23 Z _I D	Country	Zip	Co	untry		This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes 🔲 Yes 🔼 No
	9. Name and Address of Curre	ent Registered Agent			r ::	10. Name and Address of New Registered Agent
				81	Name	
DICTOR, WAYNE 580 SOUTH MCINTOSH ROAD				82	Street A	ddress (P.O. Box Number is Not Acceptable)
	TA FL 34232			83		
0,44,00				84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.050	02 and 617.1508, Florida Statu	ites, the at	XOVE-I	named co	reportion submits this statement for the purpose of changing its registered office
or register	ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authori	ized by the	corp	oration's I	board of directors. I hereby accept the appointment as registered agent. I am
	, ii, and accept the obligations of, co-	onon o 17 toooo, 1 to had one to				
SIGNATURE _	Signature, typed or printed name of registered ago	int and title if applicable. (N			nt signature re	quired when reinstating) DATE
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD WAYNE	DEFELE		TITLE		Change Addition
NAME	DICTOR, WAYNE	SAILIE		NAME		
STREET ADDRESS	5621 FORESTER POND AVE SARASOTA FL 34243	INUE			T ADDRESS	
CITY-ST-ZIP	VD VD	DELETE		TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE	GODOFSKY, LYNNE	Cloccere		NAME	1	-
NAME	1368 LANDINGS DRIVE				T ADDRESS	
STREET ADDRESS	SARASOTA FL 34231				ST-ZIP	
CITY-ST-ZIP TITLE	VD DELETE			3.1 TITLE		Change Addition
NAME	SEAF, KAREN		3.2	NAME		
STREET ADDRESS	1621 OAK CIRCLE SOUTH		33	STREE	T ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34232		34	. CITY-	ST-ZIP	
TITLE	TD	DELETE	4.1	TITLE		Treusurer Addition
NAME	TARLOW, JANE		4. 3	NAME		Karen Saef 1621 Oak an So:
STREET ADDRESS	5394 DOMINICA CIRCLE		4.3	STREE	T ADDRESS	Juan Oakan So.
CITY-ST-ZIP	SARASOTA FL 34233	· · · · <u>- · · · · · · · · · · · · · · ·</u>	4.4	CITY-	ST-ZIP	36rasva 34232
1HTLE	SD	DELETE	5.1	TITLE		☐ Change ☐ Addition
NAME	KIRSCHNER, ANNETTE	-	5.2	NAME		
STREET ADDRESS	3983 COUNTRY VIEW DRIV	Ł	1		T ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34233	Fine			ST-ZIP	☐ Change ☐ Addition
TITLE	VD DUDIN DODY	DELETE		TITLE		Change Resolution
NAME	DUBIN, RORY			NAME		
STREET ADDRESS	2462 BRIAR OAK CIRCLE SARASOTA FL 34232				T ADDRESS	
CITY-ST-ZIP		id with this filing is voluntarily fo	imiched or	d do	ST-ZiP es not qua	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that		nnual fleport or supplemental ai rporation or the receiver or trus	nnual repoi stee empov			curate and that my signature shall have the same legal effect as if made under te this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: _

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTUR

A LEGGINAN AND KANDI OLAH OGINI GONIN BONIN BONIN BONIN BONIN BINDA HINDA HINDA HINDA

CR2E037 (12/95)