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Aug 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003412 (0)
 1. Corporation Name
JEWISH COMMUNITY CENTER OF PINE ISLAND SOUND, IN C.



Principal Place of Business 5016 CURLEW DRIVE ST JAMES CITY FL 33956	Mailing Address 5016 CURLEW DRIVE ST JAMES CITY FL 33956
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3. Date Incorporated or Qualified 06/12/1997	
4. FEI Number 65-0771612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

ALAN, PHOENIX L
4128 PINE ISLAND RD
MATLACHA FL 339-93

10. Name and Address of New Registered Agent

81 Name MALCOLM STONE	
82 Street Address (P.O. Box Number is Not Acceptable) 5016 CURLEW DR	
83 P.O. BOX 33	
84 City ST JAMES CITY	85 Zip Code FL 33956

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: *Malcolm Stone* (NOTE: Registered Agent signature required when reinstating) DATE: **8-23-98**

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME MALCOLM STONE	STREET ADDRESS 5016 CURLEW DR	CITY-ST-ZIP ST JAMES CITY FL 33956	<input type="checkbox"/> DELETE
TITLE SECRETARY	NAME RUTH HORVITZ	STREET ADDRESS 7280 LADY FISH	CITY-ST-ZIP ST JAMES CITY FL 33956	<input type="checkbox"/> DELETE
TITLE BOYSCOUTS + RALEIGH LEADER	NAME JESSE GREEN	STREET ADDRESS 1874 TREASURE LN	CITY-ST-ZIP FT MYERS FL 33905-2440	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Malcolm Stone* **8-4-98 941-283-3858**

CR2E037 (10/97)