

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90163 011 ****61.25

DOCUMENT # N97000003412



1. Entity Name
**JEWISH COMMUNITY CENTER OF PINE ISLAND SOUND, IN
C.**

Principal Place of Business Mailing Address
**5016 CURLEW DRIVE 5016 CURLEW DRIVE
ST JAMES CITY FL 33956 ST JAMES CITY FL 33956**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **65-0771612** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STONE, MALCOLM
5016 CURLEW DR
P O BOX 33
ST JAMES CITY FL 33956**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, MALCOM	
STREET ADDRESS	5016 CURLEW DR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HORVITZ, RUTH	
STREET ADDRESS	7280 LADY FISH	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, JOSEPH	
STREET ADDRESS	15761 TREASURE LN	
CITY-ST-ZIP	FT MYERS FL 33905-2440	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE: *Michael P. ...* **REINSTATED**

4-15-2003 139-283-3909

CR2E037 (10/02)