

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 038 ****61.25

DOCUMENT # N98000002439

1. Entity Name
MENORAH CENTER FOUNDATION, INC.



Principal Place of Business
**250 58 STREET NORTH
ST PETERSBURG, FL 33710**

Mailing Address
**250 58 STREET NORTH
ST PETERSBURG, FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3508126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WITTNER, TED
250 58 STREET NORTH
ST PETERSBURG, FL 33710**

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

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, 2006**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, JOEL	
STREET ADDRESS	6650 SUNSET WAY #214	
CITY - ST - ZIP	SOUTH PASADENA, FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACODSON, SHARYN W	
STREET ADDRESS	ONE BEACH DRIVE SE #1004	
CITY - ST - ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, JERRY	
STREET ADDRESS	301 61ST ST N	
CITY - ST - ZIP	ST PETERSBURG, FL 33710	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WITTNER, TED	
STREET ADDRESS	250 58TH ST. N.	
CITY - ST - ZIP	ST PETERSBURG, FL 33710	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HALPRIN, DAVID	
STREET ADDRESS	6681 49 STREET NORTH	
CITY - ST - ZIP	PINELLAS PARK, FL 34665	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, ABE	
STREET ADDRESS	6132 FOURTH AVE NORTH	
CITY - ST - ZIP	ST PETERSBURG, FL 33710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin, Mark	
STREET ADDRESS	108 Harbor View Lane	
CITY - ST - ZIP	Large, FL 33770	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berko, Cecile	
STREET ADDRESS	14355 83rd Place N.	
CITY - ST - ZIP	Seminole, FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wittner, Ted	
STREET ADDRESS	250 58th Street N.	
CITY - ST - ZIP	St. Petersburg, FL 33710	
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 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/06

727-384-3000