

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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**



02232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENJAMIN, MARK
STREET ADDRESS	108 HARBO VIEW LN
CITY-ST-ZIP	LARGO, FL 33770
TITLE	V
NAME	BERKO, CECILE
STREET ADDRESS	14355 83RD PL N
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	GILBERT, JERRY
STREET ADDRESS	301 61ST ST N
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	C
NAME	WITTNER, TED
STREET ADDRESS	250 58TH ST. N.
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	DT
NAME	HALPRIN, DAVID
STREET ADDRESS	6681 49 STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE	D
NAME	KATZ, ABE
STREET ADDRESS	6132 FOURTH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED P. WITTNER

Date

Daytime Phone #

3/10/07

727-384-3000