


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90056 037 ****61.25

| | |
|---|---|
| DOCUMENT # N98000002439 |  |
| 1. Entity Name MENORAH CENTER FOUNDATION, INC. | |

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|---|---|
| Principal Place of Business 250 58 STREET NORTH ST PETERSBURG, FL 33710 | Mailing Address 250 58 STREET NORTH ST PETERSBURG, FL 33710 |
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|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
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| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

40017600



01092008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 59-3508126 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | |
| WITTNER, TED 250 58 STREET NORTH ST PETERSBURG, FL 33710 | |

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|---|--------------------------|
| 7. Name and Address of New Registered Agent | |
| Name MARK BENJAMIN | |
| Street Address (P.O. Box Number is Not Acceptable) 250-58th St. N. | |
| 108 HARBO VIEW LN | |
| City LARGO St. PETERSBURG | FL Zip Code 33710 |

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|---|---|
| 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 MARK BENJAMIN <i>[Signature]</i> | <i>[Signature]</i> DATE 1/28/08 |

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|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | BENJAMIN, MARK |
| STREET ADDRESS | 108 HARBO VIEW LN |
| CITY-ST-ZIP | LARGO, FL 33770 |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | BERKO, CECILE |
| STREET ADDRESS | 14355 83RD PL N |
| CITY-ST-ZIP | SEMINOLE, FL 33776 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GILBERT, JERRY |
| STREET ADDRESS | 301 61ST ST N |
| CITY-ST-ZIP | ST PETERSBURG, FL 33710 |
| TITLE | C <input checked="" 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 checked="" 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 | <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 | |

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| 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 all other like empowered. | |
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| SIGNATURE: <i>[Signature]</i> | Date 1/28/08 | Daytime Phone # 227/347-5191 |
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