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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004267

1. Corporation Name

FRIENDS OF HILLEL, INC.

Principal Place of Business

843 W PENSACOLA ST
TALLAHASSEE FL 32304

Mailing Address

843 W PENSACOLA ST
TALLAHASSEE FL 32304



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1998	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-030-6292	
2 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MINDLIN, STEVEN T 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
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				DATE	
(NOTE: Registered Agent signature required when remitting)					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D			1.1 TITLE	
NAME	GERTZ, MARC			1.2 NAME	
STREET ADDRESS	843 W PENSACOLA ST			1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304			1.4 CITY-ST-ZIP	
TITLE	D			2.1 TITLE	
NAME	ROSENBERG, MERWIN			2.2 NAME	
STREET ADDRESS	843 W PENSACOLA ST			2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304			2.4 CITY-ST-ZIP	
TITLE	D			3.1 TITLE	
NAME	FREIDEN, JON			3.2 NAME	
STREET ADDRESS	843 W PENSACOLA ST			3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304			3.4 CITY-ST-ZIP	
TITLE	D			4.1 TITLE	
NAME	STERN, NAT			4.2 NAME	
STREET ADDRESS	843 W PENSACOLA ST			4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304			4.4 CITY-ST-ZIP	
TITLE	D			5.1 TITLE	
NAME	STAUBER, ALVIN			5.2 NAME	
STREET ADDRESS	843 W PENSACOLA ST			5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304			5.4 CITY-ST-ZIP	
TITLE	D			6.1 TITLE	
NAME	PATTERSON, TODD			6.2 NAME	
STREET ADDRESS	843 W PENSACOLA ST			6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1/7/99

386 2463

CR2E037 (11/98)