

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortheim</b> , Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704147 (8)**

1. Corporation Name  
**THE JEWISH FEDERATION OF GREATER ORLANDO, INC.**



Principal Place of Business		Mailing Address	
851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US		851 N. MAITLAND AVE. P.O. BOX 941508 MAITLAND FL 32794-1508 US	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified  
**06/11/1962**

4. FEI Number  
**59-0946923**

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**GEBOFF, ERIC S.  
897 AVIARY BAY CIRCLE  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V/D
NAME	CRASNOW, NEAL	1.2 NAME	
STREET ADDRESS	405 KILSHORE LA.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<del>TD</del>
NAME	BOURNSTEIN, DAVID	2.2 NAME	BOURNSTEIN
STREET ADDRESS	609 AVALON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	V/D
NAME	AMBIKER, PATTI	3.2 NAME	KAPLAN, HAROLD
STREET ADDRESS	240 TRISMEN TERRACE	3.3 STREET ADDRESS	660 CRICKLEWOOD TERRACE
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	P	4.1 TITLE	P/D
NAME	FUCHS, ROZ	4.2 NAME	
STREET ADDRESS	956 STONEWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<del>VD</del>
NAME	ABRAMSON, MARK	5.2 NAME	
STREET ADDRESS	121 SHELL POINT WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GEBOFF, ERIC S.	6.2 NAME	
STREET ADDRESS	897 AVIARY BAY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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.

SIGNATURE: *[Signature]* 3/26/98 407-645-8933

CR2E037 (10/97)