


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90004 031 ****70.00

| | | | | | |
|---|------------------------------|---------------------------------|---|--|--|
| DOCUMENT # 718876 | | | |  | |
| 1. Entity Name HILLEL COMMUNITY DAY SCHOOL, INC. | | | | | |
| Principal Place of Business 19000 N.E. 25TH AVE. (N. MIAMI BCH) OJUS, FL 33163 | | | Mailing Address P.O. BOX 630158 OJUS STAT. OJUS, FL 33163 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FRYE, AUSTIN 19000 NE 25TH AVE N. MIAMI, FL 33180 | | | | 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 <i>[Signature]</i> | | | | DATE <i>8/23/04</i> | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | ELLIS SINYOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRYE, AUSTIN A | | NAME | 19000 NE 25th Ave | |
| STREET ADDRESS | 19000 NE 25TH AVE N. M. B | | STREET ADDRESS | NMB, FL. 33180 | |
| CITY-ST-ZIP | MIAMI, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | MICHELLE DIENER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHER, BECKIE T | | NAME | 19000 NE 25th Ave. | |
| STREET ADDRESS | 190000 NE 25TH AVE N. M. B . | | STREET ADDRESS | North Miami Beach, Fl.33180 | |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | RAFAEL RUSS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINGER, DANIEL B | | NAME | 19000 NE 25th Ave. | |
| STREET ADDRESS | 19000 NE 25TH AVE . | | STREET ADDRESS | NMB, Fl. 33180 | |
| CITY-ST-ZIP | MIAMI, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | DIANA BEN ARIE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRIDA, ZIEGLER O | | NAME | 19000 NE 25th Ave, | |
| STREET ADDRESS | 19000 NE 25TH AVE N. M. B | | STREET ADDRESS | NMB, Fl. 33180 | |
| CITY-ST-ZIP | MIAMI, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | MARTY SCHECK | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUCKERMAN, SOL | | NAME | 19000 NE 25th Ave | |
| STREET ADDRESS | 19000 NE 25TH AVE N.M.B. | | STREET ADDRESS | NMB, Fl. 33180 | |
| CITY-ST-ZIP | N MIAMI BCH, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | JUDY PEARLSON | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAPIR, JOANNE | | NAME | 19000 NE 25th Ave. | |
| STREET ADDRESS | 19000 NE 25TH AVE | | STREET ADDRESS | NMB, Fl. 33180 | |
| CITY-ST-ZIP | N MIAMI BCH, FL 33180 | | CITY-ST-ZIP | | |
| 12. 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 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | | | Date: <i>8/23/04</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |

54069870



07022004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1296635 Applied For Not Applicable

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

Filing Fee is \$61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

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12. 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 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.

SIGNATURE: *[Signature]* Date: *8/23/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #