2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725798

FILED Apr 20, 2009 Secretary of State

Entity Name: THE ARTHUR I. MEYER JEWISH ACADEMY, INC.

Surrent P	rincipal Place	OT BUSINESS:	New Principal Pla	ice of Busiliess.
	LITARY TR LM BEACH, FL	33409		
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
	LITARY TR LM BEACH, FL	33409		
El Number	: 59-1491258	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
WEST PA The above	ILITARY TRAIL LM BEACH, FL named entity s		ourpose of changing its registe	ered office or registered agent, or both,
n the State	e of Florida.			
SIGNATUI				
SIGNATUI		c Signature of Registered Ag	ent	Date
				Date NGES TO OFFICERS AND DIRECTORS
	Electron S AND DIREC S () SIMON, DAVID 3201 N. MILITAI	TORS:		
OFFICER: Title: Name: Address:	Electron S AND DIRECT S () SIMON, DAVID 3201 N. MILITAI WEST PALM BE VP () GOLDSTEIN, EV 3261 N MILITAR	FORS: Delete RY TRAIL EACH, FL 33409 Delete /AN	ADDITIONS/CHAN Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIRECT S () SIMON, DAVID 3201 N. MILITAI WEST PALM BE VP () GOLDSTEIN, EV 3261 N MILITAF WEST PALM BE D () WEINTER, ERIC 6 HUNTLY CIR.	Delete RY TRAIL EACH, FL 33409 Delete VAN RY TRAIL EACH, FL 33409 Delete Delete	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS () Change () Addition
DFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Name: Name: Name: Name: Name:	Electron S AND DIRECT S () SIMON, DAVID 3201 N. MILITAI WEST PALM BE VP () GOLDSTEIN, EX 3261 N MILITAE WEST PALM BE D () WEINTER, ERIC 6 HUNTLY CIR. PALM BEACH G PD () SHAPIRO, DAVI 777 S. FLAGLE	Delete RY TRAIL EACH, FL 33409 Delete /AN PY TRAIL EACH, FL 33409 Delete CACH, FL 33418 Delete D	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	NGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN ELLISON P 04/20/2009