

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009750

FILED
Feb 06, 2006
Secretary of State

Entity Name: SEPHARDIC JEWISH CENTER OF NORTH MIAMI, INC.

Current Principal Place of Business:

17100 NORTHEAST 6TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

17100 NORTHEAST 6TH AVENUE
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-1548211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOAZIZ, MORDECHAI
4218 SW 130TH AVE.
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOAZIZ, MORDECHAI
Address: 17100 NORTHEAST 6TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD () Delete
Name: IMANUEL, DAVID
Address: 1705 WHITEHALL DRIVE II #402
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: VD () Delete
Name: GABAY, RONI
Address: 2260 NE 197TH STREET
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: S () Delete
Name: IMANUEL, SARAH
Address: 1705 WHITEHALL DRIVE II #402
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: S () Delete
Name: GRETAH, MONICA
Address: 850 NE 168TH STREET N.
City-St-Zip: MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: IMANUEL, DAVID
Address: 1670 NE 191 STREET APT, 210
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RJB

M

02/06/2006

Electronic Signature of Signing Officer or Director

_____ Date