


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90370 038 ****61.25

DOCUMENT # N03000003155

1. Entity Name
JEWISH LEGACY, INC.



Principal Place of Business
 4333 JEFFERSON AVE
 MIAMI BEACH, FL 33140

Mailing Address
 4333 JEFFERSON AVE
 MIAMI BEACH, FL 33140



2. Principal Place of Business
4341 Sheridan Avenue

3. Mailing Address
4341 Sheridan Avenue

Suite, Apt. #, etc.

04232004 Chg-NP CR2E037 (10/03)

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33140

Country
USA

4. FEI Number
45-0510738

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHECHTER, JAY E ESQ
800 DOUGLAS RD, STE 148
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Rabbi Gedalya Glatt

Street Address (P.O. Box Number is Not Acceptable)
4341 Sheridan Avenue

City
MIAMI BEACH FL

Zip Code
33140

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 *Rabbi Gedalya Glatt* **RABBI GEDALYA GLATT TRUSTEE 5/28/04**

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHECHTER, JAY E 800 DOUGLAS RD, STE 148 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YARUS, GARY 800 DOUGLAS RD, STE 148 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GLATT, GEDALYA RABBI 800 DOUGLAS RD, STE 148 CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Jay E. Schechter* **JAY E. Schechter 4/23/04** **305 443-0060**

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