


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003155 1. Entity Name JEWISH LEGACY, INC.	
--	---

Principal Place of Business 4341 SHERIDAN AVE MIAMI BEACH FL 33140	Mailing Address 4341 SHERIDAN AVE MIAMI BEACH FL 33140
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 45-0510738	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent GEDALYA GLATT, RABBI 4341 SHERIDAN AVE MIAMI BEACH FL 33140	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete SCHECHTER, JAY E 800 DOUGLAS RD, STE 148 CORAL GABLES FL 33134	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 DOUGLAS RD, STE 148	STREET ADDRESS	000000687157 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/07-80029-008 61.25
CITY-STATE-ZIP	CORAL GABLES FL 33134	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete YARUS, GARY 800 DOUGLAS RD, STE 148 CORAL GABLES FL 33134	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	800 DOUGLAS RD, STE 148	STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL 33134	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rabbi George Gedalya Glatt* **RABBI GEORGE GEDALYA GLATT** 3/25/07 305-534-7574