2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# N05000002491

Entity Name: FRIENDS OF THE YURBURG JEWISH CEMETERY INC.

Current Principal Place of Business:

628 NAVARRE AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

628 NAVARRE AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 22-3913259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMANN, GARY
628 NAVARRE AVENUE
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: CRAINE, BENJAMIN H
Address: 4808 SCHOOL BELL LANE
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: D ( ) Delete
Name: FRESHMAN, BRENDA
Address: 1431 OCEAN AVENUE #811
City-St-Zip: SANTA MONICA, CA 90401

Title: D ( ) Delete
Name: JIVOTOVSKY, FANIA H
Address: 104 HOLTHAM ROAD
City-St-Zip: HAMPSTEAD QUEBEC CANADA,

Title: D ( ) Delete
Name: RUVELSON, RICHARD L
Address: 520 KIRKLAND WAY, SUITE 300
City-St-Zip: KIRKLAND, WA 980830789

Title: D ( ) Delete
Name: SCHUMANN, GARY
Address: 628 NAVARRE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: ALPERT, JOEL
Address: 15 MICHAELS GREEN
City-St-Zip: WOBURN, MA 01801

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

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: JOEL ALPERT D 04/20/2008

Electronic Signature of Signing Officer or Director — Date