2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State

1. Entity Name							ij vi		
FRIENDS OF NACHALAT YEHUDA SYNAGOGUE, INC.				0		0032 014 ****	61.25		
Principal Place of Business 1320 SOUTH DIXIE HWY SUITE 1061 CORAL GABLES, FL 33146	132	ng Address O SOUTH DIXIE HW AL GABLES, FL 33			40	U I U I U J			
2. Principal Place of Business - No P.O. Box		iling Address							
9100 South DAOCLAM BY Suite, Apt. #. etc.	<u> </u>	uite, Apt. #, etc.	ADELAND [? 200	3UU,	01262008 C	hg-NP	CR2E037 (12/0	6)	
City & State		ty & State	<u> </u>		4. FEI Number 20-498120	 68		Applied For Not Applicable	
MIAMI, FL 33156 Zip Country	zi		Country)< A	5. Certificate of S		□ \$8.75 Fee Req	Additional	
33156 USF 6. Name and Address of C		33156 ed Agent	<u> </u>	27	7. Name and Address of New Registered Age			uireu	
			Name	Name					
M & W AGENTS, INC. 2101 CORPORATE BLVD SUITE 1 BOCA RATON, FL 33431	107		Stree	Street Address (P.O. Box Number is Not Acceptable)					
2007(1011011,72 00701									
			City	City FL Zip Code					
8. The above named entity submits this state	ment for the pur	oose of changing its	registered office	or register	red agent, or both, is	n the State of Flo	orida. I am familiar w	vith, and accept	
the obligations of registered agent.									
	ered agent and title if ag	iplicable. (NOTi	E: Registered Agent sig	nature required	d when reinstating)		DATE		
the obligations of registered agent. SIGNATURE	ered agent and title il ap	<u> </u>	npaign Financing		\$5.00 May Be Added to Fees		DATE lake check payab ida Department o		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR