

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006332

FILED
Jan 07, 2009
Secretary of State

Entity Name: JEWISH LEARNING CENTER OF SOUTH FLORIDA INC.

Current Principal Place of Business:

10970 SOUTHWEST 69TH AVENUE ROAD
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

10970 SOUTHWEST 69TH AVENUE ROAD
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-8995171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: GORDON, LAWRENCE
Address: 10970 SOUTHWEST 69TH AVENUE ROAD
City-St-Zip: MIAMI, FL 33156

Title: VD () Delete
Name: KARL, ROBERT
Address: 10970 SOUTHWEST 69TH AVENUE ROAD
City-St-Zip: MIAMI, FL 33156

Title: SD () Delete
Name: MASIN, GREG
Address: 10970 SOUTHWEST 69TH AVENUE ROAD
City-St-Zip: MIAMI, FL 33156

Title: TD () Delete
Name: LEWIN, ALAN
Address: 10970 SOUTHWEST 69TH AVENUE ROAD
City-St-Zip: MIAMI, FL 33156

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: () 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: LAWRENCE GORDON

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date