2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003933

1. Entity Name
THE HEBREW DAY SCHOOL OF BROWARD COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 14 PM 2:30

Principal Place of Business	Mailing Address
6511 W SUNRISE BLVD. PLANTATION, FL 33313	6511 W SUNRISE BLVD. PLANTATION, FL 33313

03052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1606514
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAYNE, TAMMY
2927 PADDOCK LANE
WESTON, FL 33331

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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: _____
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SREDNI, SALOMON
STREET ADDRESS	13860 SW 40TH STREET
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	VD
NAME	MARKS, GARY
STREET ADDRESS	2821FAIRWAY DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VPD
NAME	WEINBAUM, MARTIN
STREET ADDRESS	12330 NW 77TH MANOR
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	B4/14/08

700123684057
04/16/08--01008--019 **213.75

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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.

SIGNATURE: X Tammy Fayne 3/25/08 954-905-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #