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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005312 (1)**

1. Corporation Name

THE EDLAVITCH AND TYSER FOUNDATION INC.

Principal Place of Business

Mailing Address

P.O. BOX 39234
WASHINGTON DC 20016

P.O. BOX 39234
WASHINGTON DC 20016-8234

3. Date Incorporated or Qualified
10/11/1996

3a. Date of Last Report

2. Principal Place of Business
**500 S. Ocean Blvd #1408
Boca Raton FL 33432**

2a. Mailing Address

4. FEI Number
52-1423806

Applied For
Not Applicable

Suite, Apt. #, etc.
500 S. Ocean Blvd #1408

Suite, Apt. #, etc.

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

City & State
Boca Raton FL

City & State

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

Zip
33432

Country
U.S.A.

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDLAVITCH, SELMA T
500 SOUTH OCEAN BOULEVARD, APT. 1408
BOCA RATON FL 33432-6251**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDLAVITCH, SELMA T	1.2 NAME	
STREET ADDRESS	500 SOUTH OCEAN BLVD., APT. 1408	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432-6251	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENSTEIN, MARK	2.2 NAME	
STREET ADDRESS	% WASH. HEBREW CONG./MACOMB @ MASS AV NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20016	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTIG, M B RABBI	3.2 NAME	
STREET ADDRESS	% WASH. HEBREW CONG./MACOMB @ MASS AV NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20016	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Selma T. Edlavitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97 561-392-8950

Date

Daytime Phone # **0076304**

CR2E037 (9/96)