2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N16810

1. Entity Name
THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.

Principal Place of Business	Mailing Address
169 E. FLAGLER ST #1200 MIAMI, FL 33131 US	169 E. FLAGLER ST #1200 MIAMI, FL 33131 US

03202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-1623385

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANDEL, DAVID S., ESQ.
MANDEL & MC AILEY LLP
169 EAST FLAGLER ST., SUITE 1200
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORSE, ALAN R.
STREET ADDRESS	15 WEST 65TH STREET
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	D
NAME	GOLDSCHMIDT, LAWRENCE E
STREET ADDRESS	641 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	JANOVIC, NEIL S
STREET ADDRESS	15 W 65TH ST
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	C
NAME	RAIFF, PAULINE
STREET ADDRESS	1155 PARK AVE.
CITY-ST-ZIP	NEW YORK, NY 10128
TITLE	CEC
NAME	DUBIN, JAMES M
STREET ADDRESS	1285 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	S
NAME	RITTMASTER, JANE G
STREET ADDRESS	911 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 10021

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04/25/07-80035-016 61.25

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: ALAN R. MORSE 7/20/07 2127496215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #