2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002491

FILED Apr 11, 2009 Secretary of State

Entity Name: FRIENDS OF THE YURBURG JEWISH CEMETERY INC.

Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	RRE AVENUE BLES, FL 331	34			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RRE AVENUE BLES, FL 331	34			
FEI Number:	22-3913259	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
	N, GARY RRE AVENUE BLES, FL 331	34 US			
The above in the State		ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E:				
	Electron	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CRAINE, BENJA 4808 SCHOOL I BLOOMFIELD H	BELL LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () FRESHMAN, BR 1431 OCEAN AV SANTA MONICA	/ENUE #811	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JIVOTOVSKY, F 104 HOLTHAM F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ALPERT, JOEL 15 MICHAELS G WOBURN, MA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SCHUMANN, GA 628 NAVARRE A CORAL GABLES	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GARY SCHUMANN D 04/11/2009