I hereby 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 all other like empowered.

Ρ

SIGNATURE: MITTELMAN, ARNOLD

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** 

# Electronic Signature of Registered Agent

Title	Р	Title	TS
Name	MITTELMAN, ARNOLD	Name	MOSS, JEFFREY B
Address	7400 MONACO STREET	Address	11 RIVERSIDE DR #8UE
City-State-Zip:	CORAL GABLES FL 33143	City-State-Zip:	NEW YORK NY 10023
Title	D		
Name	ELLENSTEIN, DAVID		
Address	987 LOMA SANTA FE DR. #D		
City-State-Zip:	SOLANA BEACH CA 92075		

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:

### FEI Number: 26-1293523

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0700009638

Entity Name: NATIONAL JEWISH THEATER FOUNDATION, INC.

### **Current Principal Place of Business:**

7400 MONACO STREET CORAL GABLES, FL 33143

### **Current Mailing Address:**

7700 LOS PINOS BLVD CORAL GABLES. FL 33143-6450

FILED Feb 20, 2023 Secretary of State 0865360405CC

Certificate of Status Desired: No

02/20/2023 Date

Date