2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 702697

Entity Name: GREATER MIAMI HEBREW ACADEMY

Current Principal Place of Business:

2400 PINE TREE DRIVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2400 PINE TREE DRIVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-0651086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYNOR, JEFFREY
5385 NORTH BAY RD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SVP	( ) Delete
Name:	KATZ, SHMUEL	
Address:	10185 COLLINS AVE., #419	
City-St-Zip:	BAL HARBOUR, FL 33154	
Title:	COBD	( ) Delete
Name:	JACOBS, ROBIN	
Address:	3605 FLAMINGO DR	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	PD	( ) Delete
Name:	DANIAL, ROBERT	
Address:	5151 COLLINS AVE.	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VPD	( ) Delete
Name:	DOBIN, ELAINE	
Address:	4555 ADAMS AVE	
City-St-Zip:	MIAMI, FL 33140	
Title:	VPD	( ) Delete
Name:	HERSKOWITZ, MARK	
Address:	4205 N. MERIDIAN AVE	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	TD	( ) Delete
Name:	GOLDSTEIN, JEREMY	
Address:	9559 COLLINS AVE #402	
City-St-Zip:	BAL HARBOUR, FL 33154	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MARK HERSKOWITZ VP 01/06/2009

Electronic Signature of Signing Officer or Director — Date