
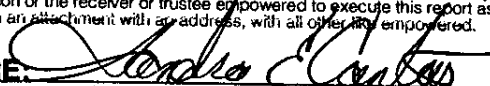


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90046 010 ****61.25

DOCUMENT # 727966					
1. Entity Name SOUTH FLORIDA CONFERENCE ON SOVIET JEWRY, INC.					
Principal Place of Business 10691 N KENDALL DR #309 MIAMI, FL 33176 US			Mailing Address 10691 N. KENDALL DR. 309 MIAMI, FL 33176 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1610349	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANTOR, SANDRA 11220 SW 71 AVE MIAMI, FL 33156				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JUDITH		NAME		
STREET ADDRESS	7925 SW 135 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTOR, HINDA		NAME	V/D	
STREET ADDRESS	8640 S.W. 94TH ST.		STREET ADDRESS	Cantor, Hinda	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	8640 S.W. 94th Street	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTOR, SANDRA		NAME	C/D	
STREET ADDRESS	11220 S.W. 71 AVE.		STREET ADDRESS	Cantor, Sandra	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	11220 S.W. 71 Avenue	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Miami, FL 33156 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRUCKER, RUTH		NAME		
STREET ADDRESS	977 NW 92 TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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 duly empowered.					
SIGNATURE: 			Sandra E. Cantor 1/6/04 (305) 279-1435		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		