

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90172 045 ****61.25

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DOCUMENT # 730694

1. Corporation Name
AVODAH, INC.

Principal Place of Business
243 FIFTH ST. 9
JERSEY CITY, NJ. 07302

Mailing Address
243 FIFTH ST. 9
JERSEY CITY, NJ. 07302



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1974

4. FEI Number
51-0145397

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

**FLEET, IRVING J. (DR.)
1575 HICKORY AVENUE
TALLAHASSEE FLORIDA 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**
NAME **JACOB, WALTER DR.**
STREET ADDRESS **4905 FIFTH AVE**
CITY-ST-ZIP **PITTSBURGH, PA 1**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **EVP**
NAME **TUCKER JOANNE**
STREET ADDRESS **243 5TH ST. 9**
CITY-ST-ZIP **JERSEY CITY, NJ.**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **FLEET IRVING**
STREET ADDRESS **1575 HICKORY AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD**
NAME **MENDELSON SHULMAN, MARIANNE**
STREET ADDRESS **4 WOODSIDE AVE**
CITY-ST-ZIP **WEST CALDWELL NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD**
NAME **BERGER, JESSE I**
STREET ADDRESS **320 RIVERSIDE DRIVE, #128**
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **CHARLES KROLOFF, RABBI**
STREET ADDRESS **756 EAST BROAD STREET**
CITY-ST-ZIP **WESTFIELD NJ**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 **201-659-2072**
Date Daytime Phone #

CR2E037 (11/98)