

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90241 012 ****70.00

DOCUMENT # 730694	
1. Entity 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
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54035239



2. Principal Place of Business 2755 Burgess Ck. Rd. Suite, Apt. #, etc.	3. Mailing Address 2755 Burgess Ck. Rd. Suite, Apt. #, etc.
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04082004 Chg-NP CR2E037 (10/03)

City & State Steamboat Springs, CO	City & State Steamboat Springs, CO
Zip 80487	Zip 80487
Country	Country

4. FEI Number 51-0145397	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNSTEIN, EMILY 5696 DESCARTES CIRCLE BOYNTON BEACH, FL 33437	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOB, WALTER DR. 4905 FIFTH AVE PITTSBURGH, PA 1, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP TUCKER JOANNE 243 5TH ST. 9 JERSEY CITY, NJ., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLER, HOLMES 1470 SPRING HOUSE ROAD6 ALLENTOWN, PA 18104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERNSTEIN, EMILY 5696 DESCARTES CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGER, JESSE I 320 RIVERSIDE DRIVE, #128 NEW YORK, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES KROLOFF, RABBI 756 EAST BROAD STREET WESTFIELD, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: <u>JoAnne K. Tucker</u> / <u>JoAnne K. Tucker</u> 4/13/04 201-659-7072	Signature and Typed or Printed Name of Signing Officer or Director	Date	Daytime Phone #
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