

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736780

**FILED
Aug 23, 2004
Secretary of State**

Entity Name: ASSOCIATION FOR JEWISH SPECIAL EDUCATION, INC.

Current Principal Place of Business:

8901 SW 21ST TERRACE
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

8901 SW 21ST TERRACE
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 59-1690944 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLS-PALEY, BENEE'
8901 SW 21ST TERRACE
MIAMI, FL 33165 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: VPD () Delete
Name: SOUTIN, HARVEY
Address: 8901 SW 21N TER
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: MARCUS, RON
Address: 12800 NE 12TH AVE
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: BASS, DENNIS
Address: 735 NE 125TH ST
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: KLIEMAN, CHARLOTTE
Address: 9921 SW 99TH ST
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: WEIHNACHT, DANIEL
Address: 241 NW 91ST ST
City-St-Zip: MIAMI SHORES, FL 33150

Title: D () Delete
Name: PALEY, HOWARD
Address: 1300 ST CHARLES PLACE, # 401
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: SOUTIN, HARVEY
Address: 8901 SW 21N TER
City-St-Zip: MIAMI, FL 33165

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 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 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: CHARLOTTE KLIEMAN

D

08/23/2004

Electronic Signature of Signing Officer or Director

Date