

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770616**

(1)

1. Corporation Name

JEWISH FAMILY TELEVISION, INC.



Principal Place of Business

1995 NE 150 ST
STE A
N MIAMI FL 33181
US

Mailing Address

1995 NE 150TH ST
SUITE A
N MIAMI FL 33181
US

3. Date Incorporated or Qualified
10/06/1983

3a. Date of Last Report
06/12/1995

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

4. FEI Number
59-2346434

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASKY, SUZANNE
1995 NE 150TH ST
STE A
N MIAMI FL 33181

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 officer 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

TITLE ☐ DELETE

NAME ~~ADLER, BERNYCE~~
STREET ADDRESS ~~3 GROVE ISLE DRIVE~~
CITY-ST-ZIP ~~COCONUT GROVE FL~~

TITLE ☐ DELETE

NAME ~~ASHER, JAMES~~
STREET ADDRESS ~~2333 BRICKELL AVENUE #2402~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE ☐ DELETE

NAME ~~BASSUK, ARNIE~~
STREET ADDRESS ~~4000 ISLAND BLVD., SUITE 1603~~
CITY-ST-ZIP ~~NORTH MIAMI BEACH FL~~

TITLE ☐ DELETE

NAME PD LASKY, SUZANNE
STREET ADDRESS 200 TOWERSIDE TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME GACHE, ELLEN
STREET ADDRESS 3501 KEISER AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME D JENNINGS, LEE
STREET ADDRESS 2658 NE 135TH STREET
CITY-ST-ZIP NORTH MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/T/D

V/D/S

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Suzanne Lasky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

305-948-5388

Daytime Phone #

CR2E037 (12/95)