

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000166

FILED
Apr 27, 2005
Secretary of State

Entity Name: JEWISH EDUCATIONAL LOAN FUND, INC.

Current Principal Place of Business:

4549 CHAMBLEE DUNWOODY ROAD
ATLANTA, GA 30338

New Principal Place of Business:

Current Mailing Address:

4549 CHAMBLEE DUNWOODY ROAD
ATLANTA, GA 30338

New Mailing Address:

FEI Number: 58-0568686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, ELAINE S MS.
3539 SANCTUARY BLVD.
JACKSONVILLE, FL 32250 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: C () Delete
Name: GREENSTONE, ALBERT
Address: 4549 CHAMBLEE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30338

Title: P () Delete
Name: GARBER, MARIANNE PH.D.
Address: 4549 CHAMBLEE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30338

Title: V () Delete
Name: SMULIAN, ROBERT
Address: 4549 CHAMBLEE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30338

Title: V () Delete
Name: HYKEN, EDWARD
Address: 4549 CHAMBLEE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30338

Title: V () Delete
Name: MONTAG, NED
Address: 4549 CHAMBLEE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30338

Title: V () Delete
Name: WOLBE, LANE
Address: 4549 CHAMBLEE DUNWOODY ROAD
City-St-Zip: ATLANTA, GA 30338

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARIANNE GARBER, PH.D.

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date