

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90009 040 ****61.25

DOCUMENT # F07000006210 1. Entity Name AMERICAN COUNCIL FOR JUDAISM, INC.					
Principal Place of Business 845 BAYTREE LANE PONTE VERDA BEACH, FL 32082-4164			Mailing Address P.O. BOX 2836 PONTE VERDA BEACH, FL 32004-2836		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NAMAN, STEPHEN L 845 BAYTREE LN PONTE VEDRA BEACH, FL 32082				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS					
TITLE	NAME		<input type="checkbox"/> Delete		
STREET ADDRESS	CHRIM				
CITY-ST-ZIP	BAUM, BERNARD H				
	2610 CENTRAL ST. #3B				
	EVANSTON, IL 60201				
TITLE	P		<input type="checkbox"/> Delete		
NAME	NAMAN, STEPHEN L				
STREET ADDRESS	845 BAYTREE LN				
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082				
TITLE	V		<input checked="" type="checkbox"/> Delete		
NAME	TONKON, MAX E				
STREET ADDRESS	5646 MILTON #427				
CITY-ST-ZIP	DALLAS, TX 75208				
TITLE	S		<input checked="" type="checkbox"/> Delete		
NAME	NOVITSKY, LESLIE N				
STREET ADDRESS	5207 NORTH 2ND STREET				
CITY-ST-ZIP	ARLINGTON, VA 22203				
TITLE	T		<input checked="" type="checkbox"/> Delete		
NAME	LEVY, B.H. JR.				
STREET ADDRESS	P.O. BOX 2139				
CITY-ST-ZIP	SAVANNAH, GA 314022139				
TITLE	D		<input type="checkbox"/> Delete		
NAME	STEINER, ROBERT L				
STREET ADDRESS	3112 Q STREET NW				
CITY-ST-ZIP	WASHINGTON, DC 20007				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	SECRETARY		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBERT D. NAMAN ROBERT D. NAMAN				
STREET ADDRESS	1800 GLEN ROAD				
CITY-ST-ZIP	KERRVILLE, TX 78028				
TITLE	DIRECTOR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GROPMAN, ALAN L.				
STREET ADDRESS	6015 KERRWOOD STREET				
CITY-ST-ZIP	BURKE, VA 22015				
TITLE	DIRECTOR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HYTKEN, FRANK H.				
STREET ADDRESS	P.O. BOX 794055				
CITY-ST-ZIP	DALLAS, TX 75379-4055				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Stephen L Naman</u> 04/01/2008 904-280-3131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					