

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG 25 AM 11:57

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

08132008

Chg-NP

CR2E037 (12/06)

4. FEI Number
13-1632505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAMAN, STEPHEN L
845 BAYTREE LN
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE CHRM ☒ Delete
NAME BAUM, BERNARD H
STREET ADDRESS 2610 CENTRAL ST. #3B
CITY-ST-ZIP EVANSTON, IL 60201

TITLE P ☐ Delete
NAME NAMAN, STEPHEN L
STREET ADDRESS 845 BAYTREE LN
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D ☐ Delete
NAME HYTKEN, FRANK H
STREET ADDRESS PO BOX 794055
CITY-ST-ZIP DALLAS, TX 75379

TITLE D ☐ Delete
NAME STEINER, ROBERT L
STREET ADDRESS 3112 Q STREET NW
CITY-ST-ZIP WASHINGTON, DC 20007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
300133525513
08/04/08--01027--019 **35.00

☐ Change ☐ Addition

TITLE VICEPRESIDENT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
08/27/08--01001--004 **26.25

TITLE TREASURER ☐ Change ☒ Addition
NAME GROPHAN, ALAN L.
STREET ADDRESS 6015 KERRWOOD STREET
CITY-ST-ZIP BURKE, VA 22015

TITLE SECRETARY ☐ Change ☒ Addition
NAME NAMAN, ROBERT D.
STREET ADDRESS 1800 GLEN ROAD
CITY-ST-ZIP KERRVILLE, TX 78028

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. NAMAN

08/21/08 904-280-3131

Date

Daytime Phone #

SP