

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006210

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: AMERICAN COUNCIL FOR JUDAISM, INC.

**Current Principal Place of Business:**

845 BAYTREE LANE  
PONTE VERDA BEACH, FL 320824164

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2836  
PONTE VERDA BEACH, FL 320042836

**New Mailing Address:**

FEI Number: 13-1632505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAMAN, STEPHEN L  
845 BAYTREE LN  
PONTE VEDRA BEACH, FL 32082 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: P ( ) Delete  
Name: NAMAN, STEPHEN L  
Address: 845 BAYTREE LN  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: HYTKEN, FRANK H  
Address: PO BOX 794055  
City-St-Zip: DALLAS, TX 75379

Title: D ( ) Delete  
Name: STEINER, ROBERT L  
Address: 3112 Q STREET NW  
City-St-Zip: WASHINGTON, DC 20007

Title: T ( ) Delete  
Name: GROPMAN, ALAN L  
Address: 6015 KERRWOOD STREET  
City-St-Zip: BURKE, VA 22015

Title: S ( ) Delete  
Name: NAMAN, ROBERT D  
Address: 1800 GLEN ROAD  
City-St-Zip: KERRVILLE, TX 78028

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN L. NAMAN

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date