

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001883

FILED
Mar 17, 2006
Secretary of State

Entity Name: GAINESVILLE HILLEL, INC.

Current Principal Place of Business:

2020 W. UNIVERSITY AVE
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

2020 W UNIVERSITY AVE
GAINESVILLE, FL 32603 US

New Mailing Address:

FEI Number: 65-1090524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERN, ROBERT
537 NE 1ST STREET
SUITE 5
GAINESVILLE, FL 32601 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: D () Delete
Name: FABER, MARK
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: PD () Delete
Name: GOLDMAN, HOWARD
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: HOWARD, REBECCA
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: TD () Delete
Name: BUDD, HARVEY
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: WIENER, KEN
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: STERN, ROBERT
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEINER, BEN
Address: 2020 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

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 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: KEITH DVORCHIK

EXEC

03/17/2006

Electronic Signature of Signing Officer or Director

Date