2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N00000001883

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:

2020 W. UNIVERSITY AVE
GAINESVILLE, FL 32603 US

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:	LIPOFF, NORMAN	
Address:	2020 W UNIVERSITY AVE	
City-St-Zip:	GAINESVILLE, FL 32603	
Title:	D	( ) Delete
Name:	GOLDMAN, HOWARD	
Address:	2020 W UNIVERSITY AVE	
City-St-Zip:	GAINESVILLE, FL 32603	
Title:	D	( ) Delete
Name:	WEINER, BEN	
Address:	2020 W UNIVERSITY AVE	
City-St-Zip:	GAINESVILLE, FL 32603	
Title:	D	( ) Delete
Name:	BUDD, HARVEY	
Address:	2020 W UNIVERSITY AVE	
City-St-Zip:	GAINESVILLE, FL 32603	
Title:	PD	( ) Delete
Name:	WEINER, KEN	
Address:	2020 W UNIVERSITY AVE	
City-St-Zip:	GAINESVILLE, FL 32603	
Title:	TD	( ) 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:	( ) 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: ROBERT STERN TD 01/16/2009
Electronic Signature of Signing Officer or Director — Date