2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007636

FILED Jan 30, 2004 Secretary of State

Entity Name: BEN AND BARBARA SLAVIN JUDAIC LIBRARY INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

7700 SOURTH BENEVA RD. 7700 BENEVA RD. SARASOTA, FL 34238 SARASOTA, FL 34238

Current Mailing Address: New Mailing Address:

7700 SOURTH BENEVA RD. 7700 BENEVA RD. SARASOTA, FL 34238 SARASOTA, FL 34238

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

STEINMETZ, R. CHAIM
7700 SOURTH BENEVA RD.
SARASOTA, FL 34238

STEINMETZ, CHAIM
7700 BENEVA RD.
SARASOTA, FL 34238

SARASOTA, FL 34238

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: CHAIM STEINMETZ 01/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: STEINMETZ, R. CHAIM Name: STEINMETZ, CHAIM

 Name:
 STEINWETZ, R. CHAIM

 Address:
 2428 DOUD ST.

 City-St-Zip:
 SARASOTA, FL 34231

 City-St-Zip:
 SARASOTA, FL 34231

Title: DS () Delete Title: () Change () Addition

 Name:
 STEINMETZ, SARA
 Name:

 Address:
 2428 DOUD ST.
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 SCHUR, BARBARA
 Name:

 Address:
 3128 WINDRUSH BOURNE
 Address:

 City-St-Zip:
 SARASOTA, FL 34235
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEINMETZ CHAIM DP 01/30/2004