2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003517

FILED Jun 16, 2009 Secretary of State

Entity Name: THE YOSEF AVIDAN FOUNDATION INC. **Current Principal Place of Business: New Principal Place of Business:** 1343 HWY A1A SUITE 5 E SATELLITE BEACH, FL 32937 **New Mailing Address: Current Mailing Address:** 1343 HWY A1A SUITE 5 E SATELLITE BEACH, FL 32937 FEI Number: 65-1024290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALCAYDE, JOSE M AVIDAN-ALCAYDE, JOSEPH M 1343 HWY A1A 1343 HWY A1A SUITE 5 E SUITE 5 E SATELLITE BEACH, FL 32937 US SATELLITE BEACH, FL 32937 US 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: JOSEPH M. AVIDAN-ALCAYDE 06/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALCAYDE, DEBORA I Name: Name: 5846 SW 81 ST Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition ALCAYDE, JOSE M Name: AVIDAN-ALCAYDE, JOSEPH M Name: Address: 1343 HWY A1A UNIT 5 E Address: 1343 HWY A1A UNIT 5 E City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937 Title: () Delete Title: () Change () Addition PAUL, ILONKA Name: Name: 3312 NORTHSIDE DR #205 Address: Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition Name: ELAZAR-DEMOTA, YEHOMATAN Name: ELAZAR-DEMOTA, YEHONATAN Address: 4617 N.W. 156 STREET Address: 4617 N.W. 156 STREET City-St-Zip: MIAMI GARDENS, FL 33054 City-St-Zip: MIAMI GARDENS, FL 33054

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: JOSEPH M. AVIDAN-ALCAYDE PD 06/16/2009