

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:

1343 HWY A1A
SUITE 5 E
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1343 HWY A1A
SUITE 5 E
SATELLITE BEACH, FL 32937

New Mailing Address:

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:

ALCAYDE, JOSE M
1343 HWY A1A
SUITE 5 E
SATELLITE BEACH, FL 32937 US

Name and Address of New Registered Agent:

AVIDAN-ALCAYDE, JOSEPH M
1343 HWY A1A
SUITE 5 E
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:

Title: D () Delete
Name: ALCAYDE, DEBORA I
Address: 5846 SW 81 ST
City-St-Zip: MIAMI, FL 33143

Title: PD () Delete
Name: ALCAYDE, JOSE M
Address: 1343 HWY A1A UNIT 5 E
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD () Delete
Name: PAUL, ILONKA
Address: 3312 NORTHSIDE DR #205
City-St-Zip: KEY WEST, FL 33040

Title: TD () Delete
Name: ELAZAR-DEMOTA, YEHOMATAN
Address: 4617 N.W. 156 STREET
City-St-Zip: MIAMI GARDENS, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: AVIDAN-ALCAYDE, JOSEPH M
Address: 1343 HWY A1A UNIT 5 E
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: TD (X) Change () Addition
Name: ELAZAR-DEMOTA, YEHONATAN
Address: 4617 N.W. 156 STREET
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

Electronic Signature of Signing Officer or Director

Date