

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004784

FILED
Jan 07, 2004
Secretary of State**Entity Name:** THE FOUNDATION FOR INTERNATIONAL JEWISH EDUCATION, INC.**Current Principal Place of Business:**16314 VILLARREAL DE AVILLA
TAMPA, FL 33613**New Principal Place of Business:**16314 VILLARREAL DE AVILA
TAMPA, FL 33613**Current Mailing Address:**16314 VILLARREAL DE AVILLA
TAMPA, FL 33613**New Mailing Address:**16314 VILLARREAL DE AVILA
TAMPA, FL 33613**FEI Number:** 59-3730601**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SINNREICH, KAREN
16314 VILLARREAL DE AVILLA
TAMPA, FL 33613**Name and Address of New Registered Agent:**SINNREICH, KAREN
16314 VILLARREAL DE AVILA
TAMPA, FL 33613

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: _____

01/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SINNREICH, KAREN
Address: 16314 VILLARREAL DE AVILLA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: RAMER, JOAN
Address: 301 E 48TH ST #4D
City-St-Zip: NEW YORK, NY 33613

Title: D () Delete
Name: SAWKA, HANNA M
Address: OLD RTE 213
City-St-Zip: HIGH FALLS, NY 12440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SINNREICH, KAREN
Address: 16314 VILLARREAL DE AVILA
City-St-Zip: TAMPA, FL 33613

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 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: KAREN J. SINNREICH

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date