2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005532

FILED Feb 08, 2009 Secretary of State

Entity Name: CHILD SURVIVORS/HIDDEN CHILDREN OF THE HOLOCAUST, INC.

Current Principal Place of Business: New Principal Place of Business: 15451 PEMBRIDGE DR F201 9260 SW 14TH ST DELRAY BEACH, FL 33484 2505 BOCA RATON, FL 33428 **Current Mailing Address: New Mailing Address:** 9260 SW 14TH ST 15451 PEMBRIDGE DR F201 DELRAY BEACH, FL 33484 2505 BOCA RATON, FL 33428 FEI Number: 65-1136561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLINZMAN, REGINA ECKSTEIN, MARY 15451 PEMBRIDGE DR F 201 9260 SW 14TH ST DELRAY BEACH, FL 33484 US 2505 BOCA RATON, FL 33428 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: MARY ECKSTEIN 02/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete **PRES** () Change () Addition FRAJMAN, NORMAN Name: Name: 11318 OLA AVE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: () Delete Title: () Change () Addition JAFFE, FRIEDA Name: Name: Address: 21374 PLACIDA TERRACE Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition NEMOVICHER, RUTH Name: Name: Address: 2004 EXETER A Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: GINSBURG, LEON Name: 8143 ABALONE POINT BLVD. Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: TREA () Delete Title: TREA (X) Change () Addition GLINZMAN, REGINA Name: Name: ECKSTEIN, MARY 15451 PEMBRIDGE DR - F201 9260 SW 14TH ST APT 2505 Address: Address: City-St-Zip: BOCA RATON, FL 33484 City-St-Zip: BOCA RATON, FL 33428 US

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: MARY ECKSTEIN TREA 02/08/2009