2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90060 031 ****61.25

DOCUMENT # N01000009022

1. Entity Name
VALENCIA ISLES YIDDISH CLUB, INC.

50013549

Principal Place of Business	Mailing Address
11155 MANDALAY WAY BOYNTON BEACH, FL 33437	11155 MANDALAY WAY BOYNTON BEACH, FL 33437

01102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7270 WAILEA AVENUE	7270 WAILEA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33437 Country: USA	Zip: 33437 Country: USA

4. FEI Number: 65-1088510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORT, MYRON
11155 MANDALAY WAY
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name: FLORA SOLOM
Street Address (P.O. Box Number is Not Acceptable): 7270 WAILEA AVE
City: BOYNTON BEACH FL Zip Code: 33437

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: FLORA SOLOM, PRES, ✓ Flora Solom DATE: ✓ 2/07/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KIRST, GIL 6592 LUCAPA AVE. BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRIS, JEANNE 11170 POLYNESIAN WAY BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SOLOM, FLORA 7270 WAILEAN AVENUE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOLOM, FLORA 7270 WAILEA AVE BOYNTON BEACH, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHASEN, SANDI 11147 MANDALAY WAY BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KAHN, MYRON 11491 KANAPALI LANE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ORT, MYRON 11155 MANDALAY WAY BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SILVERMAN, ELLIOT 11187 MANADALAY WAY BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURRAY, COHEN 11124 MANDALAY WAY BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Flora Solom FLORA SOLOM ✓ 2/07/05 561 733-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #