2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N02000005207

Entity Name: CENTRAL FLORIDA HILLEL, INC

Current Principal Place of Business:

12321 UNIVERSITY BLVD
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

12321 UNIVERSITY BLVD
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 81-0553966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGER, JONATHAN RABBI
12321 UNIVERSITY BLVD
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PAST ( ) Delete
Name: FARB, STUART
Address: 2451 CASTEWOOD RD
City-St-Zip: CASSELBERRY, FL 32751

Title: TD ( ) Delete
Name: LUDIN, CRAIG
Address: 1413 TROVILLION AVE
City-St-Zip: WINTER PARK, FL 32789

Title: EXEC ( ) Delete
Name: SIGER, JONATHAN RABBI
Address: 12321 UNIVERSITY BLVD
City-St-Zip: ORLANDO, FL 32817 US

Title: PRES ( ) Delete
Name: OPPENHEIM, NINA
Address: 2013 WAYHAVEN COURT
City-St-Zip: MAITLAND, FL 32751

Title: SEC ( ) Delete
Name: HANIN, RIKKI
Address: 1150 CARMEL CIRCLE #204
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: CRAIG LUDIN TD 03/20/2009

Electronic Signature of Signing Officer or Director — Date