

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90090 013 \*\*\*\*61.25


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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66018104

**DOCUMENT # N02000007059**

1. Entity Name  
**JEWISH SINGLES WITH SPECIAL NEEDS, INC.**



Principal Place of Business      Mailing Address

7451 W. OAKLAND PARK BLVD.  
 LAUDERHILL, FL 33319

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 LAUDERHILL, FL 33319

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04062007 No Chg-NP CR2E037 (4/06)

4. FEJ Number      Applied For

65-1134716      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGMAN, A C**  
 7451 W. OAKLAND PARK BLVD.  
 LAUDERHILL, FL 33319

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      NOTE: Registered Agent signature required when re-registering.

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERGMAN, A C
STREET ADDRESS	7451 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	D
NAME	SPEAR, DEBBY
STREET ADDRESS	250 WEST 89TH ST., #10K
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	D
NAME	ELALOUF, MAURICE
STREET ADDRESS	1718 NE 191ST STREET # 513
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *A C Bergman*      6-1-07      954-742-5905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #