


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007059


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



Principal Place of Business Mailing Address

7451 W. OAKLAND PARK BLVD. **7451 W. OAKLAND PARK BLVD.**
LAUDERHILL, FL 33319 **LAUDERHILL, FL 33319**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1134716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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03/05/08-80037-003 61.25

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: Elalouf Maurice **ELALOUF MAURICE** 18 Feb 2008 305-9489106

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