

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007834

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** RABBI DOVID BRYN MEMORIAL LIBRARY, INC.

**Current Principal Place of Business:**

2999 NE 191 STREET  
PENTHOUSE SIX  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191 STREET  
PENTHOUSE SIX  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 14-1854268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYN, USHER ESQ.  
2999 NE 191 STREET  
PENTHOUSE SIX  
AVENTURA, FL 33180 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: D ( ) Delete  
Name: BRYN, USHER  
Address: 3491 N 47 AVENUE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: BRYN, FELICIA  
Address: 230 174 STREET #415  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D ( ) Delete  
Name: BACHRACH, HELEN  
Address: 5354 COVODE STREET  
City-St-Zip: PITTSBURGH, PA 15217

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: USHER BRYN

P

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date