

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007941

FILED
Jan 14, 2007
Secretary of State

Entity Name: THE JACOB ISAAC RAPPOPORT FOUNDATION, INC.

Current Principal Place of Business:

C/O ADI RAPPOPORT
777 S FLAGLER DR STE 500 E
W PALM BCH, FL 33401

New Principal Place of Business:

Current Mailing Address:

PO BOX 741414
BOYNTON BEACH, FL 334741414

New Mailing Address:

FEI Number: 22-3877973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPOPORT, ADI
777 S FLAGLER DR STE 500 E
W PALM BCH, FL 33401 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: PD () Delete
Name: RAPPOPORT, SHAINA
Address: 7642 OAK GROVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: STD () Delete
Name: RAPPOPORT, ADI
Address: 7642 OAK GROVE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: ALTCHER, RACHEL
Address: 3221 VIRGINIA STREET
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAPPOPORT, SHAINA
Address: 6905 FINAMORE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: STD (X) Change () Addition
Name: RAPPOPORT, ADI
Address: 6905 FINAMORE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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: SHAINA RAPPOPORT

PD

01/14/2007

Electronic Signature of Signing Officer or Director

Date