

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 14, 2009  
Secretary of State**

DOCUMENT# N02000007941

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

RAPPOPORT, ADI  
777 S FLAGLER DR STE 500 E  
W PALM BCH, FL 33401      US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: SHAINA RAPPOPORT

PRES

07/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date