
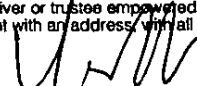


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90160 041 ****61.25

DOCUMENT # N04000000954 1. Entity Name JEWISH HERITAGE DAY FOUNDATION, INC.					
Principal Place of Business 22160 VERBENA WAY BOCA RATON, FL 33433-4813			Mailing Address 22160 VERBENA WAY BOCA RATON, FL 33433-4813		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0856824	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAW OFFICES OF STEPHEN G. MELCER C/O JONATHAN D. LOUIS 4800 NORTH FEDERAL HIGHWAY SUITE 300-D BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	COB <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAAB, YARON		NAME		
STREET ADDRESS	22160 VERBENA WAY		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 334334813		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAAB, YARON		NAME		
STREET ADDRESS	22160 VERBENA WAY		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 334334813		CITY - ST - ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISSBERG, LEON DR.		NAME		
STREET ADDRESS	9901 DONNA KLEIN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUCHMAN, SIDNEY		NAME		
STREET ADDRESS	9901 DONNA KLEIN BLVD.		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOB, BEVERLY		NAME		
STREET ADDRESS	7409 ANDORRA PLACE		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33433		CITY - ST - ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIER, AVI		NAME		
STREET ADDRESS	1909 TYLER STREET, SUITE 301		STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD, FL 33020		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 4/7/05 Daytime Phone #: 561-702-7663		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					