

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N04000000954

1. Entity Name
JEWISH HERITAGE DAY FOUNDATION, INC.



Principal Place of Business
**22160 VERBENA WAY
BOCA RATON, FL 33433-4813**

Mailing Address
**7040 W PALMETTO PK RD
PMB 201
BOCA RATON, FL 33433-4813**



02032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0856824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF STEPHEN G. MELCER
C/O JONATHAN D. LOUIS
4800 NORTH FEDERAL HIGHWAY SUITE 300-D
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and role if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	COB
NAME	RAAB, YARON
STREET ADDRESS	22160 VERBENA WAY
CITY-STATE-ZIP	BOCA RATON, FL 334334813
TITLE	PD
NAME	RAAB, YARON
STREET ADDRESS	22160 VERBENA WAY
CITY-STATE-ZIP	BOCA RATON, FL 334334813
TITLE	VD
NAME	WEISSBERG, LEON DR.
STREET ADDRESS	9901 DONNA KLEIN BLVD.
CITY-STATE-ZIP	BOCA RATON, FL 33428
TITLE	TD
NAME	SCHUCHMAN, SIDNEY
STREET ADDRESS	9901 DONNA KLEIN BLVD.
CITY-STATE-ZIP	BOCA RATON, FL 33428
TITLE	DS
NAME	JACOB, BEVERLY
STREET ADDRESS	7409 ANDORRA PLACE
CITY-STATE-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/05/07-80023-007 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

561-702-7663

Daytime Phone #