2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000954

FILED Apr 05, 2009 Secretary of State

Entity Name: JEWISH HERITAGE DAY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 22160 VERBENA WAY C/O 22160 VERBENA WAY BOCA RATON, FL 334334813 BOCA RATON, FL 334334813 **Current Mailing Address: New Mailing Address:** 7040 W PALMETTO PK RD PMB 201 BOCA RATON, FL 334334813 FEI Number: 55-0856824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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 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: COB () Delete () Change () Addition RAAB, YARON Name: Name: 22160 VERBENA WAY Address: Address: City-St-Zip: BOCA RATON, FL 334334813 City-St-Zip: Title: PD Title: () Delete () Change () Addition RAAB, YARON Name: Name: Address: 22160 VERBENA WAY Address: City-St-Zip: BOCA RATON, FL 334334813 City-St-Zip: Title: () Delete Title: () Change () Addition WEISSBERG, LEON DR. Name: Name: Address: 9901 DONNA KLEIN BLVD. Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition SCHUCHMAN, SIDNEY Name: Name: SCHUCHMAN, SIDNEY 9901 DONNA KLEIN BLVD. Address: Address: PO BOX 970637 City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33497 Title: DS () Delete Title: (X) Change () Addition JACOB, BEVERLY KATZ, CAROLE Name: Name: 7409 ANDORRA PLACE 7941 CHULA VISTA CRESCENT Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: BOCA RATON, FL 33433

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: YARON RAAB PD 04/05/2009