

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005225

FILED
Mar 23, 2009
Secretary of State

Entity Name: CHESED FOUNDATION, INC

Current Principal Place of Business:

9858 CLINT MOORE RD
SUITE C-111 #235
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

9858 CLINT MOORE RD
SUITE C-111 #235
BOCA RATON, FL 33496

New Mailing Address:

9858 CLINT MOORE RD.
SUITE C-111 #235
BOCA RATON, FL 33496

FEI Number: 20-1174559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TELVI, NAOMI
1702 N.W. 66TH. AVE.
MARGATE, FL 33063 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: D (X) Delete
Name: MILLER, BOBBI
Address: 10393 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498 US

Title: D () Delete
Name: TELVI, NAOMI
Address: 1702 N.W. 66TH AVE.
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: GOLD, CAROLINE
Address: 108 W. RIVO ALTO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D () Delete
Name: CAHAN, ROBERT
Address: 10266 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: NAOMI TELVI

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date