

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006171

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: JEWISH EDUCATIONAL LEADERSHIP INSTITUTE, INC.

**Current Principal Place of Business:**

1015 W 46 STREET  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

1015 W 46 STREET  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 20-1281655      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRANKFORTER, MARC  
1015 W 46 STREET  
MIAMI BEACH, FL 33140 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: P ( ) Delete  
Name: FRANKFORTER, MARC  
Address: 1015 W 46 STREET  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete  
Name: FRANKFORTER, LOUIZA  
Address: 1015 W 46 STREET  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: T ( ) Delete  
Name: ROSSENWASSER, ROBERT  
Address: 610 NE 168TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: AS ( ) Delete  
Name: AMAR, MARC  
Address: 10155 COLLINS AVENUE  
City-St-Zip: BAL HARBOR, FL 33154

Title: O (X) Delete  
Name: WASSERMAN, HARVEY M  
Address: 621 W. 44TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

**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:

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: MARC FRANKFORTER

P

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date