2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007302

FILED Feb 02, 2009 Secretary of State

Entity Name: HILLEL OF BROWARD AND PALM BEACH, INC.

Current Principal Place of Business:			New Principal Place of Business:	
777 GLADI BUILDING BOCA RAT		.1		
Current Mailing Address:			New Mailing Address:	
777 GLADI LY-3A BOCA RA1	ES ROAD TON, FL 3343	.1		
FEI Number:	56-2472825	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:	
DINER, DA 777 GLADI BUILDING BOCA RAT	ES ROAD	:1 US	WOLFF, GARY 777 GLADES ROAD BUILDING LY-3A BOCA RATON, FL 33431 US	
	named entity : e of Florida.	submits this statement for the	purpose of changing its registered office or registered agent, or both,	
SIGNATUF	RE: GARY W	OLFF	02/02/2009	
	Electror	nic Signature of Registered A	ent Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D (STERN, HENR' 10631 STONE BOCA RATON,	BRIDGE BLVD	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D (ROBINS, ANDF 3225 ST. JAME BOCA RATON,	ES DRIVE	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D (ROBINS, DON 3225 ST. JAME BOCA RATON,	ES DRIVE	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D (LEVINE, ABNE 16858 RIVER E DELRAY BEAC	BIRCH CIRCLE	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S (DINER, DARIN 777 GLADES F BOCA RATON,	ROAD, LY-3A	Title: D (X) Change () Addition Name: WOLFF, GARY Address: 777 GLADES ROAD, LY-3A City-St-Zip: BOCA RATON, FL 33431	
Title: Name: Address:	D () SOLOMON, SH 7858 AFTON V		Title: () Change () Addition Name: Address:	

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: GARY WOLFF MR. 02/02/2009