

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011942

FILED
Apr 17, 2006
Secretary of State

Entity Name: AMERICAN FRIENDS OF YESHIVA BNEI SIMCHA, INC.

Current Principal Place of Business:

1688 WEST AVE.
PENTHOUSE #1
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1688 WEST AVE.
PENTHOUSE #1
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-1877665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGODA, DAVID
1688 WEST AVE.
PENTHOUSE #1
MIAMI BEACH, FL 33139 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: SD () Delete
Name: CRANE, LISA
Address: 6980 QUEENFERRY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: PD () Delete
Name: WIGODA, DAVID
Address: 1688 WEST AVE. PENTHOUSE #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GOLD, MARY
Address: 18 EXMOOR CT
City-St-Zip: HIGHLAND, IL 60040

Title: D () Delete
Name: LEVY, BRUCE DR.
Address: 1030 NE 177TH TERRACE
City-St-Zip: N MIAMI BEACH, FL 33160

Title: D () Delete
Name: WIGODA, WILLIAM
Address: 29 SOUTH LASALLE SUITE 620
City-St-Zip: CHICAGO, IL 60603

Title: TD () Delete
Name: EDELSTEIN, PERLA M
Address: 6980 QUEENFERRY CIRCLE
City-St-Zip: BOCA RATON, FL 33496

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
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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 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: DAVID WIGODA

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date