

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011942

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



Principal Place of Business
**1688 WEST AVE.
PENTHOUSE #1
MIAMI BEACH, FL 33139**

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



07172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1877665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CRANE, LISA
6980 QUEENFERRY CIRCLE
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WIGODA, DAVID
1688 WEST AVE. PENTHOUSE #1
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLD, MARY
18 EXMOOR CT
HIGHLAND, IL 60040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEVY, BRUCE DR.
1030 NE 177TH TERRACE
N MIAMI BEACH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIGODA, WILLIAM
29 SOUTH LASALLE SUITE 620
CHICAGO, IL 60603**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
EDELSTEIN, PERLA M
6980 QUEENFERRY CIRCLE
BOCA RATON, FL 33496**

U00000770675
07/27/07-80002-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0724.07

801.488.6500