

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004766

FILED
Jun 18, 2009
Secretary of State

Entity Name: INTERNATIONAL FEDERATION OF SEPHARDIC & ASHKENAZI JEWS, INC.

Current Principal Place of Business:

110 MYRTLE RIDGE RD.
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271708
ODESSA, FL 33688

New Mailing Address:

P.O. BOX 271708
TAMPA, FL 33688

FEI Number: 59-3513544 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVI, RACHELLE
24637 SILVERSMITH DR.
LUTZ, FL 33559 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: QUINN, GEORGE
Address: 221 WISHPERING DOVE RD.
City-St-Zip: ANTHONY, NM 88201

Title: VP () Delete
Name: LEVI, RACHELLE
Address: 24637 SILVERSMITH DR.
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: BACON, DENNIS
Address: 1609 10TH AVE. W.
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: TORRES, JUAN
Address: 15477 OAKCREST CIRCLE
City-St-Zip: SPRING HILL, FL 34604

Title: C () Delete
Name: LEVI, WILLIAM H
Address: 24637 SILVERSMITH DR.
City-St-Zip: LUTZ, FL 33559

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEVI, RACHELLE
Address: 24637 SILVERSMITH DR.
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Change () Addition
Name: QUINN, GEORGE
Address: 221 WISHPERING DOVE RD.
City-St-Zip: ANTHONY, NM 88201

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

Title: C (X) Change () Addition
Name: LEVI, WILLIAM H
Address: 24637 SILVERSMITH DR.
City-St-Zip: LUTZ, FL 33559

Title: D (X) Change () Addition
Name: HAYES, CONNIE
Address: 6402 GRADY AVE APT 2
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Change (X) Addition
Name: LEZAMA, COLLETTE
Address: 5306 REFLECTIONS PLACE CT. #107
City-St-Zip: TAMPA, FL 33634

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: COLLETTE LEZAMA

D

06/18/2009

Electronic Signature of Signing Officer or Director

Date