

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004766

**FILED**  
**Mar 18, 2010**  
**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:**

24637 SILVERSMITH DR  
LUTZ, FL 33559

**Current Mailing Address:**

P.O. BOX 271708  
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number:** 59-3513544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: LEVI, RACHELLE  
Address: 24637 SILVERSMITH DR.  
City-St-Zip: LUTZ, FL 33559

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RACHELLE LEVI

P

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date