

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008630

FILED  
Aug 28, 2012  
Secretary of State

Entity Name: YAD OHEVET NEGEV, INC.

**Current Principal Place of Business:**

1512 GRASSY RIDGE LANE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 682153  
ORLANDO, FL 328682153

**New Mailing Address:**

FEI Number: 20-5460426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YVETTE LEACHMAN  
1512 GRASSY RIDGE LANE  
APOPKA, FL 32712    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:            PRES  
Name:            LEACHMAN, YVETTE R  
Address:        1512 GRASSY RIDGE LANE  
City-St-Zip:    APOPKA, FL 32712

Title:            VP  
Name:            BELLOMO, JOHN  
Address:        1711 WINDCHESTER DR  
City-St-Zip:    WINTER PARK, FL 32789

Title:            SEC  
Name:            ROBINSON, PATRICIA  
Address:        2711 ROSE MOSS LANE  
City-St-Zip:    ORLANDO, FL 32807

Title:            TR  
Name:            BROWN, ERIC  
Address:        1663 SWEETWATER WEST CIRCLE  
City-St-Zip:    APOPKA, FL 32712

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: YVETTE LEACHMAN

PRES

08/28/2012

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

\_\_\_\_\_ Date