# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 27, 2008 8:00 am**
**Secretary of State**
04-29-2008 90078 018 ****70.00

DOCUMENT # N06000008646

1. Entity Name
THE NATIONAL BEN GAMLA CHARTER SCHOOL FOUNDATION, INC.

66012314

| Principal Place of Business | Mailing Address |
|---|---|
| 2620 HOLLYWOOD BLVD<br>HOLLYWOOD, FL 33020 | 6255 BIRD RD<br>MIAMI, FL 33155 |

04162008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 6361 Sunset Dr.<br>Suite, Apt. #, etc. |
| City & State | City & State: Miami, FL |
| Zip / Country | Zip: 33143 / Country: USA |

4. FEI Number — ~~APPLIED FOR~~ 20-3961429 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPDIRECT AGENTS, INC.<br>515 E PARK AVENUE<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>JACOBY, RUTH DR<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/C/P<br>Gerber, Sander<br>2620 Hollywood Blvd.<br>Hollywood FL 33020 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ELLENBOGEN, HENRY<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S/T<br>Ellenbogen, Henry<br>2620 Hollywood Blvd.<br>Hollywood, FL 33020 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>FRIEDMAN, BERNIE<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Friedman, Howard<br>2620 Hollywood Blvd.<br>Hollywood, FL 33020 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVC<br>GERBER, SANDER<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Jadotte, Marcus<br>2620 Hollywood Blvd.<br>Hollywood, FL 33020 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHERRR, BRIAN<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Rodriguez, Victoriano<br>2620 Hollywood Blvd.<br>Hollywood, FL 33020 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Klein, Debra<br>2620 Hollywood Blvd.<br>Hollywood, FL 33020 | ☐ Change ☒ Addition |

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:** Sander Gerber 4/17/08 212 571-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

2nd Sheet

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000008646

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THE NATIONAL BEN GAMLA CHARTER SCHOOL FOUNDATION, INC.

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| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

N06000008646

04162008 Chg-NP CR2E037 (12/06)

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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ELLENBOGEN, HENRY<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>FRIEDMAN, BERNIE<br>5911 S.W. 3RD TERRACE<br>HOLLYWOOD, FL 33312 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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**SIGNATURE:** Sander Gerber 4/17/08 2125711244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT



660123 14

#N060000008646

| Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service | **Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records. | EIN 20-8961429 OMB No. 1545-0003 |
|---|---|---|

1* Legal name of entity (or individual) for whom the EIN is being requested
THE NATIONAL BEN GAMLA CHARTER SCHOOL FOUNDATION INC

| 2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name |
|---|---|
| 4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO BOX 816621 | 5a Street address (if different) (Do not enter a P.O. box) |
| 4b* City, state, and ZIP code HOLLYWOOD FL 33081 | 5b City, state, and ZIP code |

6* County and state where principal business is located
County BROWARD State FL

| 7a* Name of principal officer, general partner, grantor, owner, or trustor | 7b* SSN, ITIN, EIN |
|---|---|
| RUTH JACOBY | 065-40-2763 |

8a* Type of entity (check only one)

- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ SS4
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

| 8b* If a corporation, name the state or foreign country (if applicable) where incorporated | State FL | Foreign country |
|---|---|---|

9* Reason for applying (check only one)

- ☑ Started new business (specify type) ▶ EDUCATION
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

| 10* Date business started or acquired (month, day, year) | 11* Closing month of accounting year |
|---|---|
| AUG 8 2006 | DEC |

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

| 13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ▶ | Agriculture | Household | Other |
|---|---|---|---|
| | | | |

14* Check box that best describes the principal activity of your business

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Wholesale-other
- ☐ Retail
- ☑ Other (specify) EDUCATION

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
NONE

16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
*Note: If "Yes," please complete lines 16b and 16c*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

| Approximate date when filed (month, day, year) | City and state where filed | Previous EIN |
|---|---|---|
| | | |

Third Party Designee

Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

| Designee's name | Designee's telephone number (include area code) ( ) - |
|---|---|
| Address and ZIP code | Designee's fax number (include area code) ( ) - |

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

| Name and title (type or print clearly) ▶ RUTH JACOBY | Applicant's telephone number (include area code) ( 305 ) 669 - 2906 |
|---|---|
| Signature ▶ Not Required Date ▶ May 03, 2007 GMT | Applicant's fax number (include area code) ( 305 ) 669 - 4390 |

ATTACHMENT



Internal Revenue Service
DEPARTMENT OF THE TREASURY

The Digital Daily

# Federal Tax ID / EIN

This is your provisional Employer Identification Number:

**20-8961429**

Today's Date is: May 03, 2007 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Click here to return to the Internet Employer Identification Number landing (start) page.

# ATTACHMENT

May 19, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314 660123 14

**Reference number: N06000008646**

To Whom It May Concern:

In response to your letter dated May 14, 2008 regarding the annual report submitted by The National Ben Gamla Charter School Foundations, Inc., please find attached the revised form along with a letter from the IRS stating the tax identification number. Should you require any additional information, please do not hesitate to contact me.

Sincerely,

Kelly Mallon
For The National Ben Gamla Charter School Foundation, Inc.