## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001167

FILED Aug 22, 2008 Secretary of State

Entity Name: THE LEROY AND SHOSHANA SCHECTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1680 MICHIGAN AVE PENTHOUSE 6 55 PASSAIC AVENUE MIAMI BEACH, FL 33139 KEARNY, NJ 07032

Current Mailing Address: New Mailing Address:

1680 MICHIGAN AVE PENTHOUSE 6 55 PASSAIC AVENUE MIAMI BEACH, FL 33139 KEARNY, NJ 07032

FEI Number: 30-0134495 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: Name and Address of New Registered Agent:

REDGRAVE, ARTHUR R ESQ 120 EAST PALMETTO PARK ROAD STE 450 BOCA RATON, FL 33432 US

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:

**OFFICERS AND DIRECTORS:** 

Electronic Signature of Registered Agent Date

## Electronic Signature of Registered Ag

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

Name: SCHECTER, LEROY Name: SCHECTER, LEROY

 Address:
 300 SOUTH POINTE DRIVE UNIT #3705
 Address:
 55 PASSAIC AVENUE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 KEARNY, NJ 07032

 Name:
 SCHECTER, SHOSHANA
 Name:
 SCHECTER, SHOSHANA

 Address:
 300 SOUTH POINTE DRIVE UNIT #3705
 Address:
 55 PASSAIC AVENUE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 KEARNY, NJ 07032

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 MCLAUGHLIN, OTTAVIA
 Name:
 MCLAUGHLIN, OTTAVIA

 Address:
 2537 JARDIN TERRACE
 Address:
 55 PASSAIC AVENUE

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 KEARNY, NJ 07032

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: OTTAVIA MCLAUGHLIN D 08/22/2008