


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90081 020 \*\*\*\*61.25

<b>DOCUMENT # N07000001852</b>					
<b>1. Entity Name</b> JEWISH COUNCIL OF EARLY CHILDHOOD EDUCATORS OF DADE, INC.					
<b>Principal Place of Business</b> C/O 2225 NE 121 STREET NORTH MIAMI, FL 33181			<b>Mailing Address</b> C/O 2225 NE 121 STREET NORTH MIAMI, FL 33181		
<b>2. Principal Place of Business - No P.O. Box #</b> <i>same</i>		<b>3. Mailing Address</b> <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>4. FEI Number</b> 37-1537657					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  LEVI, SANDRA R - 2225 NE 121 STREET NORTH MIAMI, FL 33181			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> ZWEIG, SHARON		<input type="checkbox"/> Delete	<b>TITLE</b> Bruce, Jodi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> C/O 7902 CARLYLE AVE	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33141		<b>STREET ADDRESS</b> C/O 727 77th ST	<b>CITY-ST-ZIP</b> Miami Beach, FL 33132	
<b>TITLE</b> VP	<b>NAME</b> LEVY, BARBARA		<input type="checkbox"/> Delete	<b>TITLE</b> Zweig, Sharon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> C/O 137 NE 19TH STREET	<b>CITY-ST-ZIP</b> MIAMI, FL 33132		<b>STREET ADDRESS</b> C/O 7902 Carlyle Ave	<b>CITY-ST-ZIP</b> Miami Beach, FL 33141	
<b>TITLE</b> SEC	<b>NAME</b> BRUCE, JODI		<input type="checkbox"/> Delete	<b>TITLE</b> Rosenstein, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> C/O 727 77TH STREET	<b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33141		<b>STREET ADDRESS</b> C/O 2400 BINGTREE DRIVE	<b>CITY-ST-ZIP</b> Miami Beach, FL 33140	
<b>TITLE</b> TREA	<b>NAME</b> LEVI, SANDRA		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> C/O 2225 NE 121 STREET	<b>CITY-ST-ZIP</b> NORTH MIAMI, FL 33181		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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 an other like empowered.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>for Jewish Council of Early Childhood</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					