

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90032 028 ****61.25

DOCUMENT # N07000006356

1. Entity Name
REACHOUT JEWISH EDUCATIONAL SERVICES, INC.



Principal Place of Business
5223 GRANDE PALM CIRCL
DELRAY BEACH, FL 33484-1363

Mailing Address
5223 GRANDE PALM CIRCL
DELRAY BEACH, FL 33484-1363



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062008

Chg-NP

CR2E037 (12/06)

4. FEI Number

26-0488633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHULEVITZ, SARA
28 WEST FLAGLER, SUITE #1022
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE ☐ Delete
NAME **D HERSH, ARLENE W**
STREET ADDRESS **5223 GRANDE PALM CIRCL**
CITY - ST - ZIP **DELRAY BEACH, FL 334841363**

TITLE ☐ Delete
NAME **D PELLMAN, AARON T**
STREET ADDRESS **6437 ROCK FOREST DRIVE, APT #205**
CITY - ST - ZIP **BETHSEDA, MD 208177889**

TITLE ☐ Delete
NAME **D WENGLIN, JASON S**
STREET ADDRESS **MACHZIKI HADAT 3, APT. #2**
CITY - ST - ZIP **RAMAT BEIT SHEMESH, ISRAEL,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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:

Arlene W. Hersh

ARLENE W. HERSH

1/7/08

(561)496-7431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #