

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# N08000011234

Entity Name: NEXT GENERATIONS OF HOLOCAUST SURVIVORS, INC.

**Current Principal Place of Business:**

140 SE 5TH AVE #451  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

140 SE 5TH AVE #451  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 26-3740570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DERSHAW, NANCY M  
140 SE 5TH AVE #451  
BOCA RATON, FL 33432      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: D      ( ) Delete  
Name: DERSHAW, NANCY  
Address: 140 SE 5TH AVE #451  
City-St-Zip: BOCA RATON, FL 33432

Title: D      ( ) Delete  
Name: HANNES, JUDI  
Address: 7014 SPRINGVILLE COVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D      ( ) Delete  
Name: SMITH, ROSE  
Address: 2540 NW 53RD ST  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NANCY DERSHAW

D

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date