
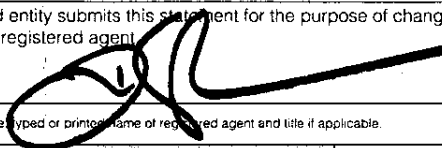


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90011 032 ****61.25

DOCUMENT # N16810					
1. Entity Name THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.					
Principal Place of Business 169 E. FLAGLER ST #1200 MIAMI FL 33131 US			Mailing Address 169 E. FLAGLER ST #1200 MIAMI FL 33131 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-1623385	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANDEL, DAVID S., ESQ. MANDEL & MC AILEY LLP 169 EAST FLAGLER ST., SUITE 1200 MIAMI FL 33131			7. Name and Address of New Registered Agent Name DAVID S. MANDEL Street Address (P.O. Box Number is Not Acceptable) MANDEL & MC AILEY LLP 169 E FLAGLER ST, #1200 City MIAMI FL Zip Code 33131		
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 7/7/04					
SIGNATURE (Type or print name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD MORSE, ALAN R. 15 WEST 65TH STREET NEW YORK NY 10023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSCHMIDT, LAWRENCE E 641 LEXINGTON AVE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAHN, THOMAS GRAHAM 555 MADISON AVE 22ND FL NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NEIL S. JANDVIC 15 W. 65TH ST NEW YORK, NY 10023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE RAIFF, PAULINE 1155 PARK AVE. NEW YORK NY 10128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBIN, JAMES M 1285 AVENUE OF THE AMERICAS NEW YORK NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN, EXECUTIVE COMMITTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITTMASER, JANE G 911 PARK AVE NEW YORK NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4/04

212769 4215

~~Attachment~~

54061245-

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC
ATTACHMENT TO 2004 ORPORATION ANNUAL REPORT

DOCUMENT #N16810.

BLOCK 11 ADDITIONAL OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - STATE - ZIP

DIRECTOR
ANDREW H. MARKS
15 WEST 65TH STREET
NEW YORK, NY 10023

TITLE
NAME
STREET ADDRESS
CITY - STATE - ZIP

OFFICER
ELLIOT HAGLER, CPA
15 WEST 65TH STREET
NEW YORK, NY 10023

TITLE
NAME
STREET ADDRESS
CITY - STATE - ZIP

OFFICER
ANGELA VIGLIAROLO
15 WEST 65TH STREET
NEW YORK, NY 10023