

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90054 047 ****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**

50032604



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
13-1623385

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANDEL, DAVID S., ESQ.
MANDEL & MC AILEY LLP
169 EAST FLAGLER ST., SUITE 1200
MIAMI, FL 33131**

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MORSE, ALAN R. ☐ Delete
STREET ADDRESS 15 WEST 65TH STREET
CITY-ST-ZIP NEW YORK, NY 10023

TITLE OFFICER
NAME HAGLER, ELLIOT J. ☐ Change ☒ Addition
STREET ADDRESS 15 WEST 65TH ST
CITY-ST-ZIP NEW YORK, NY 10023

TITLE D
NAME GOLDSCHMIDT, LAWRENCE E ☐ Delete
STREET ADDRESS 641 LEXINGTON AVE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE OFFICER
NAME VIGLIAROLO, ANGELA ☐ Change ☒ Addition
STREET ADDRESS 15 WEST 65TH ST
CITY-ST-ZIP NEW YORK, NY 10023

TITLE D
NAME JANOVIC, NEIL S ☐ Delete
STREET ADDRESS 15 W 65TH ST
CITY-ST-ZIP NEW YORK, NY 10023

TITLE TREASURER
NAME MARKS, ANDREW H ☐ Change ☒ Addition
STREET ADDRESS 100 WILLIAM STREET
CITY-ST-ZIP NEW YORK, NY 10038

TITLE C
NAME RAIFF, PAULINE ☐ Delete
STREET ADDRESS 1155 PARK AVE.
CITY-ST-ZIP NEW YORK, NY 10128

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

TITLE CEC
NAME DUBIN, JAMES M ☐ Delete
STREET ADDRESS 1285 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE D
NAME RITTMASER, JANE G ☐ Delete
STREET ADDRESS 911 PARK AVE
CITY-ST-ZIP NEW YORK, NY 10021

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

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

3/22/05

Date

212-769-6215

Daytime Phone #