


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90046 018 ****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. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D GOLDSCHMIDT, LAWRENCE E 641 LEXINGTON AVE NEW YORK, NY 10022	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOVIC, NEIL S 15 W 65TH ST NEW YORK, NY 10023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RAIFF, PAULINE 1155 PARK AVE. NEW YORK, NY 10128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEC DUBIN, JAMES M 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RITTMASER, JANE G 911 PARK AVE NEW YORK, NY 10021	<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: 1/10/06			Daytime Phone #: 212 749 4215		

ATTACHMENT

6000 5033
#N16810

ATTACHMENT TO 2005 CORPORATION ANNUAL REPORT

DOCUMENT #N16810

BLOCK 11 ADDITIONAL OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ANDREW H. MARKS
STREET ADDRESS	MLW SERVICES, INC
	100 WILLIAM STREET
CITY – STATE - ZIP	NEW YORK, NY 10038

TITLE	OFFICER
NAME	ELLIOT HAGLER, CPA
STREET ADDRESS	15 WEST 65 TH STREET
CITY – STATE - ZIP	NEW YORK, NY 10023

TITLE	OFFICER
NAME	ANGELA VIGLIAROLO
STREET ADDRESS	15 WEST 65 TH STREET
CITY – STATE - ZIP	NEW YORK, NY 10023