


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90003 027 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-1623385	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, ALAN R.		NAME		
STREET ADDRESS	15 WEST 65TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10023		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSCHMIDT, LAWRENCE E		NAME		
STREET ADDRESS	641 LEXINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANOVIC, NEIL S		NAME	HAGLER, ELLIOT J.	
STREET ADDRESS	15 W 65TH ST		STREET ADDRESS	15 W 65th ST	
CITY-ST-ZIP	NEW YORK, NY 10023		CITY-ST-ZIP	NEW YORK, NY	
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIFF, PAULINE		NAME		
STREET ADDRESS	1155 PARK AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10128		CITY-ST-ZIP		
TITLE	CEC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBIN, JAMES M		NAME		
STREET ADDRESS	1285 AVENUE OF THE AMERICAS		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTMASER, JANE G		NAME		
STREET ADDRESS	911 PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10021		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: _____			Date: 6/4/08 2127694215		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40108164



06032008 Chg-NP CR2E037 (12/06)

ATTACHMENT

40108164

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.
ATTACHMENT TO 2008 CORPORATION ANNUAL REPORT

DOCUMENT #N16810

BLOCK 11 ADDITIONAL OFFICERS AND DIRECTORS

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