


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-10-2008 90003 027 \*\*\*\*61.25

<b>DOCUMENT # N16810</b> 1. Entity Name <b>THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.</b>					
Principal Place of Business <b>169 E. FLAGLER ST #1200 MIAMI, FL 33131 US</b>			Mailing Address <b>169 E. FLAGLER ST #1200 MIAMI, FL 33131 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>13-1623385</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MANDEL, DAVID S., ESQ. MANDEL &amp; MC AILEY LLP 169 EAST FLAGLER ST., SUITE 1200 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete			
NAME	MORSE, ALAN R.				
STREET ADDRESS	15 WEST 65TH STREET				
CITY-ST-ZIP	NEW YORK, NY 10023				
TITLE	D	<input type="checkbox"/> Delete			
NAME	GOLDSCHMIDT, LAWRENCE E				
STREET ADDRESS	641 LEXINGTON AVE				
CITY-ST-ZIP	NEW YORK, NY 10022				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	JANOVIC, NEIL S				
STREET ADDRESS	15 W 65TH ST				
CITY-ST-ZIP	NEW YORK, NY 10023				
TITLE	C	<input type="checkbox"/> Delete			
NAME	RAIFF, PAULINE				
STREET ADDRESS	1155 PARK AVE.				
CITY-ST-ZIP	NEW YORK, NY 10128				
TITLE	CEC	<input type="checkbox"/> Delete			
NAME	DUBIN, JAMES M				
STREET ADDRESS	1285 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10019				
TITLE	S	<input type="checkbox"/> Delete			
NAME	RITTMASER, JANE G				
STREET ADDRESS	911 PARK AVE				
CITY-ST-ZIP	NEW YORK, NY 10021				
TITLE					
NAME					
STREET ADDRESS					
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>6/4/08</b> Daytime Phone #: <b>2127694215</b>					

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 <sup>TH</sup> STREET
CITY - STATE - ZIP	NEW YORK, NY 10023