

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16810

FILED
Feb 02, 2009
Secretary of State

Entity Name: THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.

Current Principal Place of Business:

169 E. FLAGLER ST
#1200
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

169 E. FLAGLER ST
#1200
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 13-1623385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORSE, ALAN R.,
Address: 15 WEST 65TH STREET
City-St-Zip: NEW YORK, NY 10023

Title: D () Delete
Name: GOLDSCHMIDT, LAWRENCE E
Address: 641 LEXINGTON AVE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HAGLER, ELLIOT J
Address: 15 W 65TH ST
City-St-Zip: NEW YORK, NY

Title: C () Delete
Name: RAIFF, PAULINE,
Address: 1155 PARK AVE.
City-St-Zip: NEW YORK, NY 10128

Title: CEC () Delete
Name: DUBIN, JAMES M
Address: 1285 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10019

Title: S () Delete
Name: RITTMASER, JANE G
Address: 911 PARK AVE
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SOLOMON, MARC S
Address: 92 RIVER ROAD
City-St-Zip: SUMMIT, NJ 07901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT J. HAGLER

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date

N16810

2-2-09

THE JEWISH GUILD FOR THE BLIND OF FLORIDA, INC.
ATTACHMENT TO 2009 CORPORATION ANNUAL REPORT

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BLOCK 11 ADDITIONAL OFFICERS AND DIRECTORS

| | |
|--------------------|---------------------------------|
| TITLE | ASSISTANT SECRETARY |
| NAME | SPICEHANDLER, SARA |
| STREET ADDRESS | 15 WEST 65 TH STREET |
| CITY - STATE - ZIP | NEW YORK, NY 10023 |