

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34198

FILED
Apr 28, 2005
Secretary of State

Entity Name: JEWISH MUSEUM OF FLORIDA, INC.

Current Principal Place of Business:

301 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

301 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0198264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZERIVITZ, MARCIA
301 WASHINGTON AVE
MIAMI BEACH, FL 33139 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: EDD () Delete
Name: ZERIVITZ, MARCIA K
Address: 301 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: PPD () Delete
Name: GILLER, NORMAN
Address: 4500 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL

Title: VPD () Delete
Name: GOLDBERG, BARTON
Address: 301 41ST ST
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD () Delete
Name: DUBBIN, HELENE
Address: 801 N VENETIAN DR #904
City-St-Zip: MIAMI, FL 33139

Title: TD () Delete
Name: LANDAU, GABRIELA
Address: 100 SE 2ND STREET
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: LEVINE, NORMAN
Address: 11401 BISCAYNE BLVED
City-St-Zip: MIAMI, FL

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:

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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCIA ZERIVITZ

EDD

04/28/2005

Electronic Signature of Signing Officer or Director

Date