2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N39343

1. Entity Name

THE ISRAELITE EDUCATION ASSOCIATION, INC.



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

7630 BISCAYNE BLVD MIAMI, FL 33138 US Mailing Address

P.O. BOX 381003 MIAMI, FL 33238



04142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0317196		Applied For Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAZARUS, DAVID M. SHERATON DESIGN CENTER OFFICE PLAZA 1815 GRIFFIN ROAD, SUITE 403 DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

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.	Signatura, typed or printed name of registered agent and title if	applicable (NOTE, Registered	Agont signature	required when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees	U000000907819 05/06/08-80003-010 61.25				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOUIS, TERRY L. 3660 MARLBERRY LN. MIRAMAR, FL 33025								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARAGON, LEVIA P. 2201 S. SHERMAN CIRCLE, APT D-2' DUNBAR, WV 25064	10							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCBEE, VENITA D 122 HOWARD AVENUE DUNBAR, WV 25064			DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information									

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 WWW	Land	How.	1/	<i>lerry</i>	/ L.	Lou
SIGNATURE	NIN TYPED	OR PRINTED	MYMI	E OF BIGNING OF	FICER OR DIR	CTOR

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