FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47112 (0)

1. Corporation Name
HEBREW ACADEMY OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
14486 A & W. BULB RD. FT. MYERS FL 33908 US	P. O. BOX 7254 FT. MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 06/20/1994
4. FEI Number: 65-0309797 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BATT, GERALD J
6110 WHISKEY CREEK DR.
#207
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: STEVE KROSER
82 Street Address (P.O. Box Number is Not Acceptable): 1537 ALCAZAR AVE
83
84 City: Ft. Myers FL 85 Zip Code: 33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: STEVE KROSER — 2/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS and/or DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: (D) PRES DAICH	1.1 TITLE: D ☐ Change ☑ Addition
NAME: DAICH, BARBARA	1.2 NAME: ADLER MARLENE
STREET ADDRESS: ~~9851 CYPRESS LAKE DRIVE~~ 812 Cape View Dr	1.3 STREET ADDRESS: 12 Catalpa Ct
CITY-ST-ZIP: FT. MYERS FL 33919	1.4 CITY-ST-ZIP: Ft Myers, Fla 33919
TITLE: TD	2.1 TITLE: ☐ Change ☑ Addition
NAME: ~~BATT, GERALD~~ Delete	2.2 NAME: Mendes, Eli (D)
STREET ADDRESS: 6110 WHISKEY CREEK CIR	2.3 STREET ADDRESS:
CITY-ST-ZIP: ~~FT. MYERS FL~~	2.4 CITY-ST-ZIP: Ft. Myers, Fla
TITLE: D	3.1 TITLE: ☐ Change ☐ Addition
NAME: KROSER, STEVE	3.2 NAME:
STREET ADDRESS: 1537 ALEAZAR	3.3 STREET ADDRESS:
CITY-ST-ZIP: FT. MYERS FL 33901	3.4 CITY-ST-ZIP:
TITLE: D	4.1 TITLE: ☐ Change ☐ Addition
NAME: WEIL, CARLOS	4.2 NAME:
STREET ADDRESS: 16745 PHEASANT COURT	4.3 STREET ADDRESS:
CITY-ST-ZIP: FT. MYERS FL	4.4 CITY-ST-ZIP:
TITLE:	5.1 TITLE: ☐ Change ☐ Addition
NAME:	5.2 NAME:
STREET ADDRESS:	5.3 STREET ADDRESS:
CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE:	6.1 TITLE: ☐ Change ☐ Addition
NAME:	6.2 NAME:
STREET ADDRESS:	6.3 STREET ADDRESS:
CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Daich — 2/21/95 — 489-3006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000474