

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51240

FILED
Jan 08, 2009
Secretary of State

Entity Name: YOUNG ISRAEL OF MIAMI BEACH, INC.

Current Principal Place of Business:

4221 PINE TREE DR.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4221 PINE TREE DR.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0368749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUGER, JOEL
4214 POST AVE
MIAMI BEACH, FL 33140 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: DP () Delete
Name: SCHECHTER, JAY
Address: 4333 N. JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: KRUGER, JOEL
Address: 4214 POST AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BOMZER, GARY
Address: 4510 N. JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: GREENZWERG, GENE
Address: 4520 POST AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: REIZ, LENNY
Address: 2633 PINE TREE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: GOTTLEIB, RONALD
Address: 2995 FLAMINGO DR
City-St-Zip: MIAMI BEACH, FL 33140

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
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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 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: JOEL KRUGER

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date