

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004810

FILED
Apr 02, 2008
Secretary of State

Entity Name: SOCIETY FOR THE PRESERVATION AND ADVANCEMENT OF JUDAIC STUDIES INC.

Current Principal Place of Business:

557 CRYSTAL DR
MADEIRA BCH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

557 CRYSTAL DR.
MADEIRA BCH, FL 33708 US

New Mailing Address:

FEI Number: 59-3206577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYOW, STEVEN L RABBI
557 CRYSTAL DR
MADEIRA BCH, FL 33708 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: RAYOW, STEVEN L RABBI
Address: 557 CRYSTAL DR.
City-St-Zip: MADEIRA BCH, FL

Title: DST () Delete
Name: KOSSOVER, ANN
Address: 557 CRYSTAL DR
City-St-Zip: MADEIRA BCH, FL

Title: DV () Delete
Name: MALLO, BARBARA E
Address: 6601 GOVERNORS DR
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: MALLO, ANDREW
Address: 361 SOUTH MCMULLEN BOOTH RD
City-St-Zip: CLEARWATER, FL 33759

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:

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: ANN KOSSOVER

DST

04/02/2008

Electronic Signature of Signing Officer or Director

Date