

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000000361**

1. Entity Name  
**JEWISH GENEALOGICAL SOCIETY OF GREATER MIAMI, INC.**



Principal Place of Business  
**9499 COLLINS AVENUE  
PH8  
SURFSIDE, FL 33154**

Mailing Address  
**P.O. BOX 560432  
MIAMI, FL 33156-0432**



01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0464735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LYNN WRUBLE  
7805 SW 124TH STREET  
MIAMI, FL 33156**

**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

*Lynn Wruble*

1/23/08

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>V</b>	<b>MAS, BETTE</b>
NAME	
STREET ADDRESS	<b>13192 SOUTHWEST 10TH LANE</b>
CITY-ST-ZIP	<b>MIAMI, FL 331842014</b>
TITLE <b>P</b>	<b>MUSIKAR, BARBARA</b>
NAME	
STREET ADDRESS	<b>9455 COLLINS AVENUE #PH8</b>
CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>
TITLE <b>T</b>	<b>WRUBLE, LYNN</b>
NAME	
STREET ADDRESS	<b>7805 SW 124 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL</b>
TITLE <b>S</b>	<b>ROSENGARTEN, LORRAINE</b>
NAME	
STREET ADDRESS	<b>8395 SOUTHWEST 114TH STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33156</b>
TITLE <b>D</b>	<b>LAUB, ELEANOR</b>
NAME	
STREET ADDRESS	<b>8310 SW 33 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 331553896</b>
TITLE <b>S</b>	<b>CHASSMAN, CARYL</b>
NAME	
STREET ADDRESS	<b>8340 SOUTHWEST 151ST STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33158</b>

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02/04/08-80001-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Lynn Wruble*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #