

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000003617 (7)

1. Corporation Name

TORAH ACADEMY DAY SCHOOL CORPORATION

Principal Place of Business

Mailing Address

1033 SEMORAN BLVD.
CASSELBERRY FL 32707

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CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

07/20/1994

4. FEI Number

59-3259078

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

21 121 WEST PINE AVE

26 121 W PINE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LONGWOOD

27 LONGWOOD

City & State

City & State

23 FL

28 FL

24 32750

25 Seminole

29 32750

30 Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBOV, SHOLOM B REV.
1033 SEMORAN BLVD.
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE (D) Rabbi Shalom Ber Dubov-Dean
NAME 642 Green Meadow Ave
STREET ADDRESS mantland FL 32751
CITY ST ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE (D) Devorah L Dubov-Director
NAME 642 Greenmeadow Ave
STREET ADDRESS mantland FL 3275
CITY ST ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE (D) Treasurer
NAME NINA Warshaw
STREET ADDRESS 500 Raymond Ave
CITY ST ZIP Longwood FL 32750

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

REMITTED BY MAY 1

\$ Deposited by Bank JW

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 110.07(3)(b), 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:

Nina Warshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95

Date

331-1433

Telephone Area #