

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N94000003617 (7)

1. Corporation Name

TORAH ACADEMY DAY SCHOOL CORPORATION

Principal Place of Business

Mailing Address

**121 WEST PINE AVE.
LONGWOOD FL 32750**

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LONGWOOD FL 32750**



3. Date Incorporated or Qualified
07/20/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DUBOV-DEAN, SHALOM BER RABBI**
STREET ADDRESS **642 GREEN MEADOW AVE.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ DELETE

NAME **DUBOV, DEBORAH L**
STREET ADDRESS **642 GREENMEADOW AVE.**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **DT** ☐ DELETE

NAME **WARSHAW, NINA**
STREET ADDRESS **500 RAYMOND AVE.**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Jordan Miller**
1.3 STREET ADDRESS **2030 Springs Landing Blvd**
1.4 CITY-ST-ZIP **LONGWOOD FL 32714**

2.1 TITLE **V.P** ☐ Change ☒ Addition

2.2 NAME **JAY GEWOLB**
2.3 STREET ADDRESS **1759 Cocoplum Ct**
2.4 CITY-ST-ZIP **LONGWOOD FL 32779**

3.1 TITLE **Secretary** ☐ Change ☒ Addition

3.2 NAME **Steven Atermann**
3.3 STREET ADDRESS **2090 Biltmore Point**
3.4 CITY-ST-ZIP **LONGWOOD FL 32779**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 Warsaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

**(407)
831-0476**
Daytime Phone #

CR2E037 (12/95)