

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

DOCUMENT # N95000001617 (8)

1. Corporation Name

FOUNDATION FOR THE ADVANCEMENT OF YIDDISH STUDIES, INC.



Principal Place of Business

**3474 PINE HAVEN CIRCLE
BOCA RATON FL 33431**

Mailing Address

**3474 PINE HAVEN CIRCLE
BOCA RATON FL 33431**

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4000 HOLLYWOOD BLVD**

26 **4000 HOLLYWOOD BLVD**

4. FEI Number

65-0578264

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **530N**

27 **530N**

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **HOLLYWOOD FL**

28 **HOLLYWOOD FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33021**

25 **US**

29 **33021**

30 **US**

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

**MONIOUDIS, PERRY D
235 NO. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

81 Name

ETHLYN LIEBLICH

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

4000 HOLLYWOOD BLVD 530N

83

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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

Ethlyn Lieblich

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **JAFFE, SAMUEL Z RABBI**
STREET ADDRESS **3474 PINE HAVEN CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33431**

11 TITLE **VP/DIRECTOR** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **HERING, LESTER RABBI**
STREET ADDRESS **7512A LEXINGTON CLUB**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

21 TITLE **DIRECTOR** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **ARM, MILTON RABBI**
STREET ADDRESS **29180 WOODCREST COURT**
CITY-ST-ZIP **SOUTHFIELD MI 48076**

31 TITLE **CO CHAIRMAN OF BOARD** ☒ Change ☐ Addition
32 NAME **PRESIDENT**
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE **CO CHAIRMAN OF BOARD** ☐ Change ☒ Addition
42 NAME **SISEL KLURMAN - PRESIDENT**
43 STREET ADDRESS **4000 HOLLYWOOD BLVD 530N**
44 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition
52 NAME **ETHLYN LIEBLICH**
53 STREET ADDRESS **4000 HOLLYWOOD BLVD**
54 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE **SECRETARY** ☐ Change ☐ Addition
62 NAME **ABRAM HARCHIK**
63 STREET ADDRESS **1750 NE 191st ST. #311**
64 CITY-ST-ZIP **NO. MIAMI BCH FL 33178**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)