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May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001617 (8)

1. Corporation Name

FOUNDATION FOR THE ADVANCEMENT OF YIDDISH STUDIE
S, INC.

Principal Place of Business

Mailing Address

4000 HOLLYWOOD BLVD
530N
HOLLYWOOD FL 33021
US4000 HOLLYWOOD BLVD
530N
HOLLYWOOD FL 33021-6751
US3. Date Incorporated or Qualified
04/06/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0578264

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

ETHERLYN LIEBLICH
4000 HOLLYWOOD BLVD
530N
HOLLYWOOD FL 33021

81

Name

Ethelyn Liebllich (Please correct spelling only)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME JAFFE, SAMUEL Z RABBI
STREET ADDRESS 3474 PINE HAVEN CIRCLE
CITY-ST-ZIP BOCA RATON FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME HERING, LESTER RABBI
STREET ADDRESS 7512A LEXINGTON CLUB
CITY-ST-ZIP DELRAY BEACH FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE CCBP
NAME ARM, MILTON RABBI
STREET ADDRESS 29180 WOODCREST COURT
CITY-ST-ZIP SOUTHFIELD MI3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE COCB
NAME SISEL KLURMAN
STREET ADDRESS 4000 HOLLYWOOD BLVD 530N
CITY-ST-ZIP HOLLYWOOD FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ST
NAME ETHLYN LIEBLICH
STREET ADDRESS 4000 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME ABRAHAM HARCHIN
STREET ADDRESS 1750 NE 191ST ST #311
CITY-ST-ZIP NO. MIAMI BCH F6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sisel Klurman, Chairperson

4/30/97 954/985-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021539

CP2E037 (9/96)