

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001617

1. Entity Name
FOUNDATION FOR THE ADVANCEMENT OF YIDDISH
STUDIES, INC.



Principal Place of Business

4000 HOLLYWOOD BLVD
530N
HOLLYWOOD, FL 33021 US

Mailing Address

4000 HOLLYWOOD BLVD
530N
HOLLYWOOD, FL 33021 US



04062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0578264

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBLICH, ETHELYN
4000 HOLLYWOOD BLVD
530N
HOLLYWOOD, FL 33021

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000127991
04/26/04-80021-002 \$1.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
LICHTMAN, HARVEY L
4000 HOLLYWOOD BLVD 530
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCD
ARM, MILTON RABBI
29180 WOODCREST COURT
SOUTHFIELD, MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SISEL KLURMAN
4000 HOLLYWOOD BLVD 530N
HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LIEBICH, ETHELYN
4000 HOLLYWOOD BLVD
HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #