


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90090 017 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0578264	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIEBLICH, ETHELYN 4000 HOLLYWOOD BLVD 530N HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	LICHTMAN, HARVEY L 4000 HOLLYWOOD BLVD 530 HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SISEL KLURMAN 4000 HOLLYWOOD BLVD 530N HOLLYWOOD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLURMAN, SISEL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIEBLICH, ETHELYN 4000 HOLLYWOOD BLVD HOLLYWOOD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIEBLICH, ETHELYN 4000 HOLLYWOOD BLVD HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sisel Klurman</i> 4/25/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					