

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 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**



05112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	LICHTMAN, HARVEY L
STREET ADDRESS	4000 HOLLYWOOD BLVD 530
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	KLURMAN, SISEL
STREET ADDRESS	4000 HOLLYWOOD BLVD 530N
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	SD
NAME	LIEBICH, ETHELYN
STREET ADDRESS	4000 HOLLYWOOD BLVD
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/05/07-80003-010 61.25

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IN THIS SPACE**

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:

Harvey Lichtman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/07
Date

Daytime Phone #