

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 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
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1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
Signature of person or firm named as registered agent with this filing (NOTE: Registered Agent signature is required when constituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD LICHTMAN, HARVEY L ☐ Delete 4000 HOLLYWOOD BLVD 530 HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U00000938053 05/27/08-80075-020 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KLURMAN, SISEL ☐ Delete 4000 HOLLYWOOD BLVD 530N HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD LIEBICH, ETHELYN ☐ Delete 4000 HOLLYWOOD BLVD HOLLYWOOD FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information included 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 lines empowered.

SIGNATURE: 