## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N95000002712 (6)

## KABBALAH LEARNING CENTRE, INC.

## **FILED** Jul 02 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address												
	38 Beracasa Way Ca raton FL <b>\$3</b> 433		7088 BERACASA WAY BOCA RATON FL 33433						Date Incorporated or Qualified  06/12/1995 FEI Number 65-0638140	Applied For		
2. 21	Principal Place of Busin	ness	28 26	Mailing Address				6.			5 Additional Required	
22	Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6.	Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees			
23	City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes No						
24		Country 25	29		30	ntry	·	<u> </u>		Yes	r Intangible	
9. Name and Address of Current Registered Agent						24	10. Name and Address of New Registered Agent					
SARFATI, SHIMON 7088 BERAÇASA WAY BOCA RATON FL 33433					81 82 83	Street Addres	Street Address (P.O. Box Number is Not Acceptable) 7088 BERACASA WAY					
1						-		~ /	2 PATON EI	ير اچي	Zip Code	

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.

agent. I am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE	Guat Gondhin	6/22/98									
Signature, typed or printed fame of registered agent and little if applicable. (NOTE: Registered Agent signature required when relinstating) DATE											
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OF							
TITLE	D	DELETE	1.1 TiTL€		☐ Change	Addition					
NAME	<b>Be</b> rg, Karen		1.2 NAME								
STREET ADDRESS	7088 BERACASA WAY		1.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CiTY-ST-ZIP								
TITLE	D	DELETE	2.1 TITLE		Change	Addition					
NAME ]	<b>SA</b> RFATI, SHIMON		2.2 NAME								
STREET ADDRESS	7088 BERACASA WAY		2.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY- ST-ZIP								
TITLE	D	DELETE	3.1 TITLE	DIRECTOR	Change	Addition					
NAME	SOLOMON, BATYA	•	3.2 NAME	OSNAT YOUDKEVICH TORE BERACASA WAY		i					
STREET ADDRESS	7088 BERACASA WAY		3.3 STREET ADDRESS	7088 BÉRACASA WAY							
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY-ST-ZIP	BOCA RATON FL 334	+33						
TITLE		DELETE	4.1 TITLE	,	☐ Change	Addition					
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS			Ì					
CITY-ST-ZIP			4.4 CITY - ST - ZIP								
TITLE		· DELETE	5.1 TiTLE		☐ Change	☐ Addition					
NAME			5.2 NAME			ĺ					
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		☐ Change	Addition					
NAME .	₹		6.2 NAME								
STREET ADDRESS	k		6.3 STREET ADDRESS			ļ					
<u> </u>						1					

14. Thereby 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.

\*\*CSNAT YOUDKEVICH\*\*

SIGNATURE\*\*

\*\*CALCULATION OF THE PROPERTY OF THE PROPE