

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000528

FILED
Jan 13, 2004
Secretary of State

Entity Name: BREVARD JEWISH COMMUNITY SCHOOL, INC.

Current Principal Place of Business:

5995 N WICKHAM ROAD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

5995 N WICKHAM ROAD
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: 42-1591825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALUCK, LISA
496 REDSAIL WAY
SATELLITE BEACH, FL 32937

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STEMBER, ARTHUR
Address: 152 ISLANDVIEW DRIVE
City-St-Zip: INDIAN HARBOUR, FL 32907

Title: DVP () Delete
Name: DELIGDISH, SHARON
Address: 815 SANDERLING DR
City-St-Zip: INDIALANTIC, FL 32903

Title: DT () Delete
Name: SALUCK, LISA
Address: 496 REDSAIL WAY
City-St-Zip: SATELLITE BEACH, FL 32937

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DELIGDISH, SHARON
Address: 815 SANDERLING DR
City-St-Zip: INDIALANTIC, FL 32903

Title: DVP (X) Change () Addition
Name: BROMBERG, ANITA
Address: 560 AMBER LANE
City-St-Zip: COCOA, FL 32926

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Change (X) Addition
Name: LEFF, LISA
Address: 542 CARMEL DRIVE
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SALUCK

DT

01/13/2004

Electronic Signature of Signing Officer or Director

Date