

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000528

FILED
Mar 31, 2007
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:

ROSENBERG, ALAN
311 SIXTH AVENUE
INDIALANTIC, FL 32903 US

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: DELIGDISH, SHARON
Address: 815 SANDERLING DR
City-St-Zip: INDIALANTIC, FL 32903

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

Title: DT () Delete
Name: SITKOFF, DONNA
Address: 221 PRINCE WILLIAM COURT
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DS () Delete
Name: KANANACK, LEE
Address: 417 ORIOLE LANE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DONNA L. SITKOFF

DT

03/31/2007

Electronic Signature of Signing Officer or Director

Date