2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004697

FILED Jan 05, 2005 Secretary of State

Entity Name: LEAGUE FOR EDUCATIONAL AWARENESS OF THE HOLOCAUST, INC.

Current Principal Place of Business:		New Principal Place of Business:	
STE. 304A	LINTON BLVD. BEACH, FL 33483 US		
Current M	lailing Address:	New Mailing Address:	
STE. 304A			
DELKAY E	BEACH, FL 33483 US		
FEI Number:	: 65-0692399 FEI Number Applied For () FI	El Number Not Applicable () Certificate of Status	Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Ag	gent:
	, GLENN 20TH DRIVE PRINGS, FL 33071 US		
	named entity submits this statement for the purpo e of Florida.	ose of changing its registered office or registered a	agent, or both,
SIGNATUF	RE:		
	Electronic Signature of Registered Agent	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete PACKMAN, CONNIE 99 SE MIZNER BLVD. #733 BOCA RATON, FL 33432	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VPD () Delete GREENBERG, SANDRA 9633 HARBOR LAKE CIRCLE BOYNTON BEACH, FL 33437	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VPD () Delete LEVENTHAL, ELAINE 17346 VENTANA DRIVE BOCA RATON, FL 33487	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	SD () Delete HERSHON, KAROL 22857 LA CORNICHE WAY BOCA RATON, FL 33433	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VPD () Delete DINNERSTEIN, GAIL 17659 TIFFANY TRACE DRIVE BOCA RATON, FL 33487	Title: () Change () Addition Name: Address: City-St-Zip:	
Title:	TD () Delete	Title: () Change () Addition	

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: CONNIE PACKMAN PD 01/05/2005