

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004697

FILED
Jan 14, 2008
Secretary of State

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

Current Principal Place of Business:

151 EAST PALMETTO PARK ROAD
BOCA RATON, FL 334324818 US

New Principal Place of Business:

Current Mailing Address:

151 EAST PALMETTO PARK ROAD
BOCA RATON, FL 334324818 US

New Mailing Address:

FEI Number: 65-0692399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDNICK, GLENN
577 NW 120TH DRIVE
CORAL SPRINGS, FL 33071 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: PD () Delete
Name: ALROD, ROBERT
Address: 2717 N OCEAN BLVD. #TH44
City-St-Zip: BOCA RATON, FL 33431

Title: VPD (X) Delete
Name: KAYE, BONNIE
Address: 12716 NW 18 PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: HERSHON, KAROL
Address: 22857 LA CORNICHE WAY
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: STURGELL, CHARLES
Address: 9473 BOCA RIVER CIRCLE
City-St-Zip: BOCA RATON, FL 33434

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 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: ROBERT ALROD

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date