2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N96000004697

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:

555 N. FEDERAL HWY., #9
BOCA RATON, FL 334324818 US

Current Mailing Address:

151 EAST PALMETTO PARK ROAD
BOCA RATON, FL 334324818 US

New Mailing Address:

555 N. FEDERAL HWY., #9
BOCA RATON, FL 334324818 US

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:

ALROD, ROBERT
555 N. FEDERAL HWY., #9
BOCA RATON, FL 33432 US

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: ROBERT ALROD 03/16/2009
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: 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:

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 PD 03/16/2009
Electronic Signature of Signing Officer or Director Date