

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002116

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE WEINBAUM YESHIVA HIGH SCHOOL, INC.

Current Principal Place of Business:

7900 MONTOYA CIRCLE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7900 MONTOYA CIRCLE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0781573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMINETSKY, SHIMMIE EXEC DIR
22305 GUADELOUPE ST
BOCA RATON, FL 33433 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: D () Delete
Name: BARATZ, LISA MRS
Address: 5920 SW 33 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: STRUHL, TED
Address: 7758 TENNYSON COURT
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: KRASNA, GARY
Address: 22153 PRIMROSE WAY
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: ADLER, JAY
Address: 5770 OAKTREE AVE
City-St-Zip: HOLLYWOOD, FL 33312

Title: P () Delete
Name: LASKO, SAM
Address: 4201 NORTH HILLS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: BERMAN, BATZIE
Address: 4080 N. 41ST COURT
City-St-Zip: HOLLYWOOD, FL 33021

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:

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: SAM LASKO

DR.

03/23/2009

Electronic Signature of Signing Officer or Director

Date