



**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000001446</b> 1. Entity Name <b>JEWISH ETHICAL WILLS SOCIETY, INC.</b>			<b>Mar 28, 2007 / 08:00</b> <b>Secretary of Stat</b>
Principal Place of Business <b>8673 FLAMINGO DRIVE BOCA RATON, FL 33496</b>	Mailing Address <b>8673 FLAMINGO DRIVE BOCA RATON, FL 33496</b>	 01032007 No Chg-NP      CR2E037 (4/06)	
DO NOT WRITE IN THIS SPACE		4. FEI Number <b>65-8821245</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>HALPERN, STANLEY 8673 FLAMINGO DR BOCA RATON, FL 33496</b>		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>U000000081737</b> <b>04/04/07-80057-005 70.00</b>
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTS HALPERN, STANLEY 8673 FLAMINGO DRIVE BOCA RATON, FL 33496</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIEMER, RABBI J 18212 CLEAR BROOK CIRCLE BOCA RATON, FL 33498</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLDORF, MORRIS 50 GLEN BROOK RD STAMFORD, CT 06902</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Stanley Halpern</i> <b>STANLEY HALPERN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Mary</i> <b>May 25 2007</b> <b>561-487-3471</b> <small>Date Daytime Phone #</small>	