

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003828

FILED
Jan 11, 2009
Secretary of State

Entity Name: JEWISH FORENSIC LEAGUE, INC.

Current Principal Place of Business:

3730 N. 54TH AVE.
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3730 N. 54TH AVE.
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0847155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINREB, DVORA ESQ.
1900 NW CORPORATE BLVD.
400 EAST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

WEINREB, DVORA ESQ.
20283 STATE ROAD 7
400
BOCA RATON, FL 33498 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:

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: WEINREB, ELAN
Address: 3730 NORTH 54TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: STDV () Delete
Name: WEINREB, DVORA ESQ
Address: 1900 NW CORPORATE BLVD. SUITE 400 EAST
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: WEINREB, NEAL J MD
Address: 3730 N. 54TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STDV (X) Change () Addition
Name: WEINREB, DVORA ESQ
Address: 20283 STATE ROAD 7. SUITE 400 EAST
City-St-Zip: BOCA RATON, FL 33498

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: NEAL J WEINREB, MD

DIR

01/11/2009

Electronic Signature of Signing Officer or Director

Date