2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N98000005252

Entity Name: THE NATIONAL CENTER FOR JEWISH CULTURAL ARTS, INC.

Current Principal Place of Business:

11435 W. PALMETTO PARK ROAD
SUITE E
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

11435 W. PALMETTO PARK ROAD
SUITE E
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-0864003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAVERMAN, BENNETT ESQ.
652 N.E. 3RD. AVE.
FT. LAUDERDALE, FL 33304 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: PSTD ( ) Delete
Name: HOFFMAN, ABRAHAM
Address: 8556 N.W. 52ND PL
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DV ( ) Delete
Name: BRAVERMAN, BENNETT ESQ
Address: 652 NE 3RD AVENUE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: TURNBULL, LAURA
Address: 8556 N.W. 52ND PL
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: KLAGES, SHARI
Address: 8436 NW 52ND PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

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: ABRAHAM HOFFMAN PSTD 04/24/2009

Electronic Signature of Signing Officer or Director — Date