

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002369

FILED  
Jan 27, 2005  
Secretary of State

**Entity Name:** INSTITUTE OF JEWISH KNOWLEDGE & LEARNING, INC.

**Current Principal Place of Business:**

1835 E HALLANDALE BEACH BLVD  
#234  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

9721 SEA TURTLE DRIVE  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 65-0926061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LERNER, KIM  
9721 SEA TURTLE DR.  
PLANTATION, FL 33324 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: DP ( ) Delete  
Name: LERNER, KIM  
Address: 9721 SEA TURTLE DR.  
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete  
Name: BER, ABRGHAM DR.  
Address: 10211 N 72 ND ST.  
City-St-Zip: SCOTTSDALE, AZ 85258

Title: DP ( ) Delete  
Name: MANN, AKIVA D  
Address: 7699 CYPRESS CRESCENT  
City-St-Zip: BOCA RATON, FL 33433

**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 for the exemption stated in Section 119.07(3)(i), 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: KIM B. LERNER

DP

01/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date