


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90659 039 \*\*\*\*61.25

<b>DOCUMENT # N99000004237</b> 1. Entity Name <b>SCHOLARSHIP FUND FOR ETHIOPIAN JEWS, INC.</b>					
Principal Place of Business <b>C/O MARLENE HERZOG 2562 WEST SARATOGA DRIVE COOPER CITY, FL 33026</b>			Mailing Address <b>C/O MARLENE HERZOG 2562 WEST SARATOGA DRIVE COOPER CITY, FL 33026</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0938714</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERZOG, MARLENE 2562 WEST SARATOGA DRIVE COOPER CITY, FL 33026</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASDAN, RABBI PETER E 5 DARBY TERRACE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERMAN, EDWIN 4740 S OCEAN BLVD APT 1105 BOCA RATON, FL 33487 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HERZOG, MARLENE 2562 W SARATOGA DRIVE COOPER CITY, FL 33026 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD LEVADI, VICTOR DR 21 TIFFANY DRIVE LIVINGSTON, NJ 07039 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHAN, ROBERT 760 MARA DRIVE BLUE BELL, PA 19422 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Daniel Krassenstein 17 Tulip Lane Short Hills, NJ 07078 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Ambassador Asher Naim 16 Nayot Jerusalem, ISR 93704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Marlene Herzog</i> MARLENE HERZOG</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>4/27/04</b> Daytime Phone #: <b>954-433-1585</b>					

**94080807**



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