

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004237

1. Entity Name
SCHOLARSHIP FUND FOR ETHIOPIAN JEWS, INC.



Principal Place of Business
**C/O MARLENE HERZOG
2562 WEST SARATOGA DRIVE
COOPER CITY, FL 33026**

Mailing Address
**C/O MARLENE HERZOG
2562 WEST SARATOGA DRIVE
COOPER CITY, FL 33026**



04022008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0938714

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERZOG, MARLENE
2562 WEST SARATOGA DRIVE
COOPER CITY, FL 33026**

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

Marlene Herzog

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May 1, 2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

06/02/08-80007-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD YELLIN, RICHARD RABBI 5780 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD SHERMAN, EDWIN MR. 4740 S OCEAN BLVD APT 1105 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD HERZOG, MARLENE MS. 2562 W SARATOGA DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD LEVADI, VICTOR DR. 21 TIFFANY DRIVE LIVINGSTON, NJ 07039
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VTD KRASSENSTEIN, JEROME MR. 21301 POWERLINE ROAD SUITE 309 BOCA RATON, FL 33422
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHD NAIM, ASHER AMB. 16 NAYOT JERUSALEM, IS 93704

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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.

SIGNATURE:

Jerome Krassenstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Krassenstein

4/14/08 561-955-1260

DATE Daytime Phone #