


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90006 050 \*\*\*\*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>
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2. Principal Place of Business - No P.O. Box # <b>19202 BLACK MANGROVE CT</b>	3. Mailing Address <b>19202 BLACK MANGROVE CT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05222008 Chg-NP CR2E037 (12/06)

City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33498</b>	Zip <b>33498</b>
Country	Country

4. FEI Number <b>65-0938714</b>	Applied For <input type="checkbox"/> Not Applicable
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>	
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7. Name and Address of New Registered Agent Name <b>ROGER GORMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>19202 BLACK MANGROVE CT</b> City <b>BOCA RATON</b> FL Zip Code <b>33498</b>	
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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 *Roger S. Gorman, MD* **ROGER S. GORMAN, MD** **May 29, 2008**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 12, 2008</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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YELLIN, RICHARD RABBI 5780 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHERMAN, EDWIN MR. 4740 S OCEAN BLVD APT 1105 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERZOG, MARLENE MS. 2562 W SARATOGA DRIVE COOPER CITY, FL 33026 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVADI, VICTOR DR. 21 TIFFANY DRIVE LIVINGSTON, NJ 07039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KRASSENSTEIN, JEROME MR. 21301 POWERLINE ROAD SUITE 309 BOCA RATON, FL 33422 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHD NAIM, ASHER AMB. 16 NAYOT JERUSALEM, IS 93704 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LOUIS LEVI 3555 S. OCEAN BLVD., UNIT 214 S. PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROGER GORMAN 19202 BLACK MANGROVE CT BOCA RATON, FL 33498 <input checked="" type="checkbox"/> Change <input 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	TREASURER HARVEY GREENSTEIN 78 WINSTON RD NEWTON CENTER, MA 02459 <input checked="" 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 exemptions contained 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 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: *Louis Levy* **LOUIS LEVI** **MAY 22 2008** **561-588-9404**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #