2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004237

FILED Mar 31, 2009 Secretary of State

Entity Name: SCHOLARSHIP FUND FOR ETHIOPIAN JEWS, INC.

Current Principal Place of Business: New Principal Place of Business: 19202 BLACK MANGROVE CT BOCA RATON, FL 33498 **Current Mailing Address: New Mailing Address:** 3555 S. OCEAN BLVD. 19202 BLACK MANGROVE CT BOCA RATON, FL 33498 S. PALM BEACH, FL 33480 US FEI Number: 65-0938714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMAN, ROGER 19202 BLÁCK MANGROVE CT BOCA RATON, FL 33498 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete YELLIN, RICHARD RABBI Name: Name: Address: 5780 W. ATLANTIC AVENUE Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEVY, LOUIS Name: Address: 3555 S OCEAN BLVD, UNIT 214 Address: City-St-Zip: S PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition GORMAN, ROGER Name: Name: 19202 BLACK MANGROVE CT Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip: Title: () Delete Title: () Change () Addition GREENSTEIN, HARVEY Name: Name: 78 WINSTON RD Address: Address: City-St-Zip: NEWTON CENTER, MA 02459 City-St-Zip: Title: CHD () Delete Title: () Change () Addition NAIM, ASHER AMB. Name: Name: Address: 16 NAYOT Address: City-St-Zip: JERUSALEM, IS 93704 IS 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: LOUIS LEVY V 03/31/2009