

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004237

FILED
Feb 14, 2010
Secretary of State

Entity Name: SCHOLARSHIP FUND FOR ETHIOPIAN JEWS, INC.

Current Principal Place of Business:

19202 BLACK MANGROVE CT
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

3555 S. OCEAN BLVD.
214
S. PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 65-0938714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GORMAN, ROGER
19202 BLACK MANGROVE CT
BOCA RATON, FL 33498 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: PD
Name: GORMAN, ROGER DR.
Address: 19202 BLACK MANGROVE CT.
City-St-Zip: BOCA RATON, FL 33498

Title: V
Name: LEVY, LOUIS
Address: 3555 S OCEAN BLVD, UNIT 214
City-St-Zip: S PALM BEACH, FL 33480

Title: S
Name: GORMAN, ROGER
Address: 19202 BLACK MANGROVE CT
City-St-Zip: BOCA RATON, FL 33498

Title: T
Name: GREENSTEIN, HARVEY
Address: 78 WINSTON RD
City-St-Zip: NEWTON CENTER, MA 02459

Title: CHD
Name: NAIM, ASHER AMB.
Address: 16 NAYOT
City-St-Zip: JERUSALEM, IS 93704 IS

I hereby 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 all other like empowered.

SIGNATURE: LOUIS LEVY

V

02/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date