2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004237

FILED Mar 09, 2011 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.

3555 S OCEAN BLVD **UNIT 214**

S. PALM BEACH, FL 33480 US 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

LEVY, LOUIS - DR 3555 S OCEAN BLVD

UNIT 214

S PALM BEACH, FL 33480 US

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: LOUIS LEVY, M.D., PH.D.

03/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title:

Name: LEVY, LOUIS DR

Address: 3555 S OCEAN BLVD, UNIT 214 City-St-Zip: S PALM BEACH, FL 33480

Title:

LEVY, LOUIS DR Name:

3555 S OCEAN BLVD, UNIT 214 Address: City-St-Zip: S PALM BEACH, FL 33480

Title:

Name: GREENSTEIN, HARVEY 78 WINSTON RD Address:

City-St-Zip: NEWTON CENTER, MA 02459

Title: CHD

NAIM, ASHER AMB Name:

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, M.D., PH.D.

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03/09/2011