FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

NEW YORK NY

NEW YORK NY

WILLNER, PETER T

823 UNITED NATIONS PLAZA

CITY-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPOR

						AAL BYDYN BYDY BYDY] 	
Principal Place	of Business	Mailing Address	ing Address					EIBII EIBII	1 01011 (100)
2 SOUTH BISCAYNE BLVD. STE. 2650		2 SOUTH BISCAYNE BLVD STE 2650							
MIAMI FL 33131-1802		MIAMI FL 33131-1802 US							
ÜS					3. Date Incorporated or Qualified 06/12/1989 3a. Date of Last Report 08/07/1996				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u>' </u>	App	lied For	
21		26			13-1818723		Not.	Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			E Coulifornia of Court of Court	□ \$8	.75 Ad	Iditional	
22		27			5. Cerlificate of Status Desired	L F	ee Req	ulred	
City & State		City & State			6. Election Campaign Financing	\$5	5.00 M	lav Be	
23		28			Trust Fund Contribution		dded to		
Zip	Country	Zip	Count	ſy		8. This corporation has liability for it	ntangible tax ur	nder s. 1	199.032,
24	25		10				Yes 🗌 No		1
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Agent		
				1 Nan	ne				
TEITELBAUM, ARTHUR N			8:	2 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	e)		
2 SOUTH BISCAYNE BLVD			<u> </u>	<u>. </u>					
STE. 2650			8:	3					
MIAMI FL 33131			84	4 City			85	Zip Co	nde
*				- 7		•	▐▀▐▃▕▏▕		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab					ed corpo	ration submits this statement for the p	irpose of chang	ging its	registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
Signature, typod or printed name of registered agent and title if applicable (NOTE: Registere				gent signa	lure required	s when reinstating)	DATE		
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	-			1.1 TITLE			☐ CH	iange	☐ Addition
NAME	SALBERG, MELVIN		1.2 NAME						
STREET ADDRESS	600 THIRD AVENUE		. 1.3 STREET ADDRESS		is				
CITY-ST-ZIP	NEW YORK NY		1.4 City-St-ZiP						
TITLE	· ·		2.1 TITLE	2.1 TITLE			☐ CH	iange	Addition
NAME	* * * * * * * * * * * * * * * * * * * *		2.2 NAMI	2.2 NAME					
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS					
CITY-\$1-ZIP	GR BARRINGTON MA			-ST-ZIP					
TITLE	\$	DELETE 3.1 T		3.1 TITLE			☐ Cr	ange	Addition
NAME	#10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3.2 NAMI	3.2 NAME					ļ
STREET ADDRESS			3.3 STRE	3.3 STREET ADDRESS		•			
CITY-ST-ZIP	LIBERTY NY 12754			3.4. CITY-ST-ZIP					
TITLE	Ţ	DELETE	4.1 TITLE				☐ CH	ange	Addition
NAME	NAFTALY, ROBERT		4. 2 NAM	E					
STREET ADDRESS	600 EAST LAFAYETTE		4.3 STRE	ET ADDRES	s				
CITY-ST-ZIP	DETROIT MI		4.4 CITY-	ST-ZIP					
TITLE	D	DELETE 5.1					☐ CI	nange	Addition
NAME	FOXMAN, ABRAHAM H. 521		5.2 NAME	5.2 NAME					
1	DOS LIMITED MATIONS DI AZA		I		. 1				

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 content of the previous or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

Apr 21 1997 8:00am

Secretary of State