


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90569 035 \*\*\*\*61.25

<b>DOCUMENT # P24703</b>					
<b>1. Entity Name</b> ANTI-DEFAMATION LEAGUE OF B'NAI B'RITH, INCORPORATED					
<b>Principal Place of Business</b> 2 SOUTH BISCAYNE BLVD. STE. 2650 MIAMI, FL 33131-1802 US			<b>Mailing Address</b> 823 UNITED NATIONS PLAZA ATTN: ZULFIA ZARABEROVA ZARABEROVA NEW YORK, NY 10017 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 13-1818723	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
TEITELBAUM, ARTHUR N 2 SOUTH BISCAYNE BLVD STE. 2650 MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NC BALSER, BARBARA 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEHLER, I. BARRY 3490 PIEDMONT ROAD, NE, SUITE 1300 ATLANTA, GA 30305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAFTALY, ROBERT 600 EAST LAFAYETTE DETROIT, MI	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND FOXMAN, ABRAHAM H 823 UNITED NATIONS PLAZA NEW YORK, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO STERN, CARYL 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KELLMAN, MICHEAL M 823 UNITED NATIONS PLAZA NEW YORK, NY 10017	<input type="checkbox"/> Delete			
<b>12. I 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 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.</b>			SIGNATURE: <i>Danielle Carey</i> <i>Slaney</i> 4/7/05-		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		