

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90027 020 \*\*\*\*61.25

**50023081**



<b>DOCUMENT # P24703</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 NEW YORK, NY 10017 US</b>		
2. Principal Place of Business		3. Mailing Address <b>605 Third Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Attn: Mira Abramova</b>			
City & State		City & State <b>New York, NY</b>			
Zip	Country	Zip <b>10158</b>	Country <b>US</b>	4. FEI Number <b>13-1818723</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TEITELBAUM, ARTHUR N 2 SOUTH BISCAYNE BLVD STE. 2650 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing 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	<b>NC BALSER, BARBARA 823 UNITED NATIONS PLAZA NEW YORK, NY 10017</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MEHLER, I. BARRY 3490 PIEDMONT ROAD, NE, SUITE 1300 ATLANTA, GA 30305</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T NAFTALY, ROBERT 600 EAST LAFAYETTE DETROIT, MI</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ND FOXMAN, ABRAHAM H 823 UNITED NATIONS PLAZA NEW YORK, NY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>COO STERN, CARYL 823 UNITED NATIONS PLAZA NEW YORK, NY 10017</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO KELLMAN, MICHEAL M 823 UNITED NATIONS PLAZA NEW YORK, NY 10017</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 power like empowered.

**SIGNATURE:**

*Michael Kellman*

**Michael A. Kellman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR AUTHORIZED REPRESENTATIVE