FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:35

DOCUMENT # **P39581** **(4)**

1. Corporation Name

TOURO COLLEGE FOUNDATION FOR JEWISH STUDIES, INC

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD., SUITE 530N HOLLYWOOD FL 33021	4000 HOLLYWOOD BLVD., SUITE 530N HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3639225 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / County — 30

9. Name and Address of Current Registered Agent

KLURMAN, SAMUEL A.
4000 HOLLYWOOD BLVD., 530N
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: KLURMAN, SISEL
82 Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood, 530N
83
84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE		☐ Change ☐ Addition
NAME	HASTEN, MARK	1.2 NAME		
STREET ADDRESS	3901 WEST 86TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, HAROLD	2.2 NAME		
STREET ADDRESS	395 MADISON AVENUE #700	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	KARL, MAX H.	3.2 NAME		
STREET ADDRESS	250 E KILBOURN AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP		
TITLE	DP SISEL	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	KLURMAN, ~~SAMUEL A.~~	4.2 NAME	KLURMAN, SISEL	
STREET ADDRESS	4000 HOLLYWOOD BLVD 530N	4.3 STREET ADDRESS	4000 HOLLYWOOD BLVD. 530N	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DST	5.1 TITLE		☐ Change ☐ Addition
NAME	LANDER, BERNARD	5.2 NAME		
STREET ADDRESS	350 FIFTH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sisel Klurman SISEL KLURMAN 5/15/95 (305)985-2400
SIGNATURE AND TYPED OR PRINTED NAME OF ~~DIRECTOR~~ OFFICER OR DIRECTOR — Date — Daytime Phone #

0006589