

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011020

Entity Name: YIDDISHKAYT INITIATIVE, INC.**Current Principal Place of Business:**10777 W SAMPLE RD STE 1105
CORAL SPRINGS, FL 33065**Current Mailing Address:**PO BOX 9446
CORAL SPRINGS, FL 33075**FEI Number:** 47-5631396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOFFMAN, ABRAHAM
6553 NW 99TH AVE
TAMARAC, FL 33321 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:** ABRAHAM HOFFMAN

04/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name HOFFMAN, ABRAHAM
Address 191 NW 118TH DRIVE
City-State-Zip: CORAL SPRINGS FL 33071

Title SECRETARY, DIRECTOR
Name BERKOWICZ BOROW, RENA
Address 201 WEST 70TH ST. #6I
City-State-Zip: NEW YORK NY 10023

Title DIRECTOR
Name PAPP LIPPMAN, SUSAN
Address PO BOX 9446
City-State-Zip: CORAL SPRINGS FL 33075

Title DIRECTOR
Name EISENBERG, STEVEN ESQ.
Address PO BOX 9446
City-State-Zip: CORAL SPRINGS FL 33075

Title PRESIDENT
Name HOFFMAN, MIRIAM
Address 10777 W SAMPLE RD STE 1105
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name WARSHAL, BRUCE
Address PO BOX 9446
City-State-Zip: CORAL SPRINGS FL 33075

Title DIRECTOR
Name LIPPMAN, RICHARD
Address PO BOX 9446
City-State-Zip: CORAL SPRINGS FL 33075

Title DIRECTOR
Name AGRONIN, MARC
Address 3424 EMERSON LANE
City-State-Zip: FORT LAUDERDALE FL 33312

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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: ABRAHAM HOFFMAN

CEO

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name UMANS, STEVE
Address 5 REGENT ROAD
City-State-Zip: BELMONT MA 02478

Title DIRECTOR
Name ZAFRAN, BRUCE DR.
Address 7000 NW 67TH COURT
City-State-Zip: PARKLAND FL 33067

Title DIRECTOR
Name LEVINE, DEBORAH
Address 3624 CLINE RD
City-State-Zip: CHATTANOOGA TN 37412

Title DIRECTOR
Name WOLINETZ, LEA
Address 8 FARM LANE
City-State-Zip: SUFFERN NY 10901

Title DIRECTOR, TREASURER
Name LEVIN, MARC A.
Address 3174 MAIN HIGHWAY
City-State-Zip: COCONUT GROVE FL 33133