


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 700180</b> 1. Entity Name <b>THE JEWISH WAR VETERANS OF THE U.S.A. 1960 CONVENTION CORPORATION OF FLORIDA, INC.</b>	
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Principal Place of Business <b>FRANSHAW N 586 BOCA RARON FL 33434 US</b>	Mailing Address <b>FRANSHAW N586 BOCA RATONINES FL 33434 US</b>
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2. Principal Place of Business  Suite Apt # etc.	3. Mailing Address  Suite Apt # etc.	4. FEI Number <b>59-2377392</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable



1st MOORE CR2E037 (10/04)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	6. Name and Address of Current Registered Agent
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<b>OSTROFSKY, JACK FANSHAW N 586 BOCA RATON FL 33434</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DC KADIN, LOUIS	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000199984 01/28/05-80008-016 61.25
STREET ADDRESS	LYNDHURST I 3019		
CITY, ST, ZIP	DEERFIELD BCH FL		
TITLE	P OSTROFSKY, JACK	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FANSHAW N 586		
CITY, ST, ZIP	BOCA RATON FL 33434		
TITLE	DC LIEBMAN, LEON	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1101 SW 128 TERRACE		
CITY, ST, ZIP	PEMBROKE PINES FL		
TITLE	DV JACOBSON, JEANETTE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2801 NE 183 STREET 1707		
CITY, ST, ZIP	NORTH MIAMI BEACH FL		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

**SIGNATURE:** Jack Ostrofsky 1-25-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #