

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR -7 AM 11:12**

**CORPORATION ANNUAL REPORT 1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 746503 (2)**

1. Corporation Name  
**THE SEPHARDIC SOCIAL CLUB OF FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**C/O JUDITH DELAFUENTE** **C/O JUDITH DELAFUENTE**  
**21785 CYPRESS DR** **21785 CYPRESS DR**  
**BOCA RATON FL 33433** **BOCA RATON FL 33433**

3. Date Incorporated or Qualified **03/28/1979** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-2734111** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
**KOHAN, ANDREW J., ESQ.**  
**2034 E. OAKLAND PARK BLVD.**  
**FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORMAN, AL</b>	1.2 NAME	
STREET ADDRESS	<b>3302 ARUBA WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAFUENTE, MORRIS</b>	2.2 NAME	
STREET ADDRESS	<b>21785 CYPRESS DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALIO, HANK</b>	3.2 NAME	
STREET ADDRESS	<b>7806 A. LEXINGTON CLUB BLVD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELAFUENTE, JUDITH</b>	4.2 NAME	
STREET ADDRESS	<b>21785 CYPRESS DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORMEZANO, SAMUEL</b>	5.2 NAME	
STREET ADDRESS	<b>5809 COCO PALM DR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMARAC FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRESPIN, JACK</b>	6.2 NAME	
STREET ADDRESS	<b>829 CAMINO RD.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BCH. FL</b>	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)(b), 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: Judith Delafuente - Secretary 4/3/95 407-482-0592  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)