

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90049 030 ****61.25

DOCUMENT # 746503

1. Entity Name

THE SEPHARDIC SOCIAL CLUB OF FLORIDA

Please change mailing address to ne. Thank you



04005121

Principal Place of Business

Mailing Address

C/O JUDITH DELAFUENTE
 21785 CYPRESS DR
 BOCA RATON FL 33433

C/O JUDITH DELAFUENTE
 21785 CYPRESS DR
 BOCA RATON FL 33433



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-2734111

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHAN, ANDREW J., ESQ.
 2034 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, ANGEL	
STREET ADDRESS	8991 NW 12TH ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENSO, LEON	
STREET ADDRESS	6406 PINEHURST CIRCLE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALIO, HANK	
STREET ADDRESS	7906 A. LEXINGTON CLUB BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELAFUENTE, JUDITH	
STREET ADDRESS	21785 CYPRESS DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORMEZANO, SAMUEL	
STREET ADDRESS	5609 COCO PALM DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE	F	<input type="checkbox"/> Delete, ADD
NAME	LITA BEHAR	
STREET ADDRESS	3210 S. E. 104 ST APT 6A	
CITY-ST-ZIP	POMPAÑO BEACH, FLA 33062	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<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 119.07(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:

Lita Behar

LITA BEHAR

Date

Daytime Phone #

954-941-7749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR