


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 746503
 1. Entity Name
THE SEPHARDIC SOCIAL CLUB OF FLORIDA



Principal Place of Business: **JUDITH DELAFUENTE
 12950 4TH CT SW APT 401
 PEMBROKE PINES FL 33027**

Mailing Address: **MRS. LITA BEHAR
 3210 SE 10TH ST. APT. 6A
 POMPANO BEACH FL 33062-6523**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number **59-2734111**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KOHAN, ANDREW J., ESQ.
 2034 E. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007

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	
TITLE NAME	D HENRY, ANGEL <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8991 NW 12TH ST PLANTATION FL 33322
TITLE NAME	P PENSO, LEON <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6406 PINEHURST CIRCLE TAMARAC FL 33321
TITLE NAME	V HALIO, HANK <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7906 A. LEXINGTON CLUB BLVD. DELRAY BEACH FL
TITLE NAME	D DELAFUENTE, JUDITH <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12950 4TH CT SW #401 PEMBROKE PINES FL 33027
TITLE NAME	VP AJI, MILDRED <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1508 WHITEALL APT 202 FORT LAUDERDALE FL 33324
TITLE NAME	T BEHAR, LITA <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3210 SE 1TH ST., APT. 6A POMPANO BEACH FL 33062

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	U00000636294 02/26/07-80010-017 61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2/12/07 954-941-7749