

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90037 009 \*\*\*\*61.25



**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 (10/07)

4. FEI Number **59-2734111** Applied For  
 No: 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: If a trustee or agent empowered to execute without restrictions) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P LORETTA COHEN 2904 VICTORIA PL. APT B-1 COCONUT CREEK FLA 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRUSTEE LEON PENSO 6406 PINEHURST CIRCLE E TAMARAC, FLA 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*