

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746503

FILED
Feb 04, 2009
Secretary of State

Entity Name: THE SEPHARDIC SOCIAL CLUB OF FLORIDA

Current Principal Place of Business:

JUDITH DELAFUENTE
12950 4TH CT SW APT 401
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

MRS. LITA BEHAR
3210 SE 10TH ST. APT. 6A
POMPANO BEACH, FL 330626523

New Mailing Address:

FEI Number: 59-2734111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENRY, ANGEL
Address: 8991 NW 12TH ST
City-St-Zip: PLANTATION, FL 33322

Title: P () Delete
Name: COHEN, LORETTA
Address: 2904 VICTORIA PL APT B1
City-St-Zip: POMPANO BEACH, FL 33066

Title: T () Delete
Name: PENSO, LEON
Address: 6406 PINE HURST CIR E
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: VP () Delete
Name: AJI, MILDRED
Address: 1508 WHITEALL APT 202
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: T () Delete
Name: BEHAR, LITA
Address: 3210 SE 1TH ST., APT. 6A
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LITA BEHAR

T

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date