

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762630

FILED
Feb 06, 2012
Secretary of State

Entity Name: HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

8358 W. OAKLAND PARK BLVD.
SUITE 203F
FT. LAUDERDALE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

8358 W. OAKLAND PARK BLVD.
SUITE 203F
FT. LAUDERDALE, FL 33351 US

New Mailing Address:

FEI Number: 59-2223621 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRIDMAN, MIRIAM
3301 ARUBA WAY APT M4
POMPANO BEACH, FL 33066 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: PD
Name: FRIDMAN, MIRIAM
Address: 3301 ARUBA WAY M4
City-St-Zip: POMPANO BEACH, FL 33066

Title: V
Name: WEISSMAN, LEO
Address: 10145 SUNRISE LAKES BOULEVARD
City-St-Zip: SUNRISE, FL 33322

Title: SA
Name: PIERSON, FELIX
Address: 6203 SEASIDE TERR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TREA
Name: EISENSTEIN, JULIUS
Address: 9821 SUNRISE LAKES BLVD.
City-St-Zip: SUNRISE, FL 33322

Title: VP
Name: SCHAGRIN, LEON
Address: 3900 NW 76TH AVE
City-St-Zip: SUNRISE, FL

Title: D
Name: LAUFER, ALLAN
Address: 12221 GLENMORE DRIVE
City-St-Zip: POMPANO BEACH, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: ALLAN LAUFER

D

02/06/2012

Electronic Signature of Signing Officer or Director

_____ Date