

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02607** (2)

1. Corporation Name

JEWISH WAR VETERANS POST 520, INC.



Principal Place of Business

POST OFFICE BOX 6404
LAKE WORTH FL 33466-3404
US

Mailing Address

P. O. BOX 6404
LAKE WORTH FL 33466-3404
US

3. Date Incorporated or Qualified
04/18/1984

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2405822

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, WILLIAM
D-207 WELLINGTON
WEST PALM BEACH FL 33417

81 Name

ROBERT FRIEDMAN

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

83

251 MEGA CT.

84 City

BOYNTON BEACH, FL

85 Zip Code

33436

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert W. Fischer*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

20 FEB. 96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **FRIEDMAN, ROBERT**
STREET ADDRESS **251 MEGA CT.**
CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE **VD** ☒ DELETE
NAME **WEBER, HERMAN**
STREET ADDRESS **K-245 CANTERBURY**
CITY-ST-ZIP **WEST PALM BCH. FL**

TITLE **TD** ☐ DELETE
NAME **KIRSCHNER, SEYMOUR**
STREET ADDRESS **4702 LUCERNE LKS BLVD E**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME

HERB GORDON
8250 LAKE CYPRESS RD.
LAKE WORTH, FL. 33467

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME

HY GLASSMAN
5800 FERNLEY DR. W. #72
WEST PALM BEACH, FL. 33415

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Seymour Kirschner* **SEYMOUR KIRSCHNER** **20 FEB. 96** **433-9731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)