

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90002 006 ****61.25

DOCUMENT # N05563 1. Entity Name THE SOUTH FLORIDA SHOMRIM SOCIETY, INC.					
Principal Place of Business 4200 BISCAYNE BOULEVARD MIAMI, FL 33137-3210			Mailing Address 4200 BISCAYNE BOULEVARD MIAMI, FL 33137-3210		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2512675	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KREUTZER, FRANKLIN D., ESQ. 3041 NW 7TH ST MIAMI, FL 33125				7. Name and Address of New Registered Agent Name <u>Barry M. MANKES, ESQ</u> Street Address (P.O. Box Number Not Acceptable) <u>C/O SHOMRIM</u> <u>4200 BISCAYNE BLVD.</u> City <u>MIAMI</u> FL <u>33137</u>	
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 <u>[Signature: Barry Mankes]</u> DATE <u>7/30/04</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, KENNETH C/O SHOMRIM, 4200 BISCAYNE BLVD. MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GREGG GASEL C/O SHOMRIM 4200 BISCAYNE BLVD, MIAMI FL 33137	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANDER, JEFF C/O SHOMRIM, 4200 BISCAYNE BLVD. MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL BENTOLIA C/O SHOMRIM 4200 BISCAYNE BLVD, MIAMI FL 33137	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIBONDITZ, STEVE C/O SHOMRIM, 4200 BISCAYNE BLVD. MIAMI, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LEIBONDITZ, STEVE C/O SHOMRIM 4200 BISCAYNE BLVD, MIAMI FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANRES, BARRY SHORIM 4200 BISCAYNE BLVD MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANKES, BARRY C/O SHOMRIM 4200 BISCAYNE BLVD, MIAMI FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELVER, IRVING C/O SHORNRIM 4200 BISCAYNE BLVD MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HELLER, IRVING C/O SHOMRIM 4200 BISCAYNE BLVD, MIAMI FL 33137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>[Signature: Barry Mankes]</u> DATE <u>7/30/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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07302004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2512675

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

7. Name and Address of New Registered Agent
Name Barry M. MANKES, ESQ

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

C/O SHOMRIM
4200 BISCAYNE BLVD.

City MIAMI FL 33137

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DATE 7/30/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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
GOODMAN, KENNETH
C/O SHOMRIM, 4200 BISCAYNE BLVD.
MIAMI, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WANDER, JEFF
C/O SHOMRIM, 4200 BISCAYNE BLVD.
MIAMI, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEIBONDITZ, STEVE
C/O SHOMRIM, 4200 BISCAYNE BLVD.
MIAMI, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MANRES, BARRY
SHORIM 4200 BISCAYNE BLVD
MIAMI, FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELVER, IRVING
C/O SHORNRIM 4200 BISCAYNE BLVD
MIAMI, FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
GREGG GASEL
C/O SHOMRIM
4200 BISCAYNE BLVD, MIAMI FL 33137

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MICHAEL BENTOLIA
C/O SHOMRIM
4200 BISCAYNE BLVD, MIAMI FL 33137

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
LEIBONDITZ, STEVE
C/O SHOMRIM
4200 BISCAYNE BLVD, MIAMI FL 33137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MANKES, BARRY
C/O SHOMRIM
4200 BISCAYNE BLVD, MIAMI FL 33137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
HELLER, IRVING
C/O SHOMRIM
4200 BISCAYNE BLVD, MIAMI FL 33137

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

[Signature: Barry Mankes]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THE SOUTH FLORIDA SHOMRIM SOCIETY 7/30/04
305 787-5345