

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

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
--	--



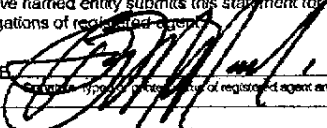
02022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2512675	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANKES, BARRY M ESQ % SHOMRIM 420 BISCAYNE BLVD MIAMI, FL 33137

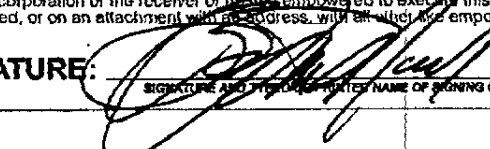
**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: <u>Feb 2, 2006</u>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U010007423438 02/18/06-80008-003 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASEL, GREGG C/O SHOMRIM, 4200 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENTOLILA, MICHAEL C/O SHOMRIM, 4200 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOWITZ, STEVE C/O SHOMRIM, 4200 BISCAYNE BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANKES, BARRY SHOMRIM 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, IRVING C/O SHOMRIM 4200 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 liquidator 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 which I am empowered.
SIGNATURE:  Date: <u>2-2-06</u> Daytime Phone: <u>305 787-1684</u>