

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05563

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE SOUTH FLORIDA SHOMRIM SOCIETY, INC.

Current Principal Place of Business:

20533 BISCAYNE BLVD
SUITE 244
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD
SUITE 244
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 59-2512675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANKES, BARRY M ESQ
C/O SOUTH FLORIDA SHOMRIM SOCIETY
20533 BISCAYNE BLVD SUITE 244
AVENTURA, FL 33180 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: VP () Delete
Name: GROSS, MINDY
Address: 20533 BISCAYNE BLVD SUITE 244
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: BENTOLILA, MICHAEL
Address: 20533 BISCAYNE BLVD SUITE 244
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: LEIBOWITZ, STEVE
Address: 20533 BISCAYNE BLVD SUITE 244
City-St-Zip: AVENTURA, FL 33180

Title: P () Delete
Name: MANKES, BARRY
Address: 20533 BISCAYNE BLVD SUITE 244
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: HELLER, IRVING
Address: 20533 BISCAYNE BLVD SUITE 244
City-St-Zip: AVENTURA, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: VP () Change (X) Addition
Name: LEWIS, DAVID
Address: 20533 BISCAYNE BLVD SUITE 244
City-St-Zip: AVENTURA, FL 33180

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: BARRY MANKES

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date