

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05563

FILED  
Feb 16, 2010  
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:**

20533 BISCAYNE BOULEVARD  
SUITE 244  
AVENTURA, FL 33180

**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  
Name: GROSS, MINDY  
Address: 20533 BISCAYNE BLVD SUITE 244  
City-St-Zip: AVENTURA, FL 33180

Title: P  
Name: BENTOLILA, MICHAEL  
Address: 20533 BISCAYNE BLVD SUITE 244  
City-St-Zip: AVENTURA, FL 33180

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

Title: D  
Name: WARD, DAVID  
Address: 20533 BISCAYNE BLVD SUITE 244  
City-St-Zip: AVENTURA, FL 33180

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

Title: D  
Name: MANKES, BARRY M  
Address: 20533 BISCAYNE BLVD SUITE 244  
City-St-Zip: AVENTURA, FL 33180

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: BARRY M. MANKES

D

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date