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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N14263 (0)
1. Corporation Name
HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.



Principal Place of Business Mailing Address
C/O EDDIE LEFKOWITZ 1131 SURF ROAD RIVIERA BEACH FL 33404-3829
C/O EDDIE LEFKOWITZ 1131 SURF ROAD RIVIERA BEACH FL 33404-3829

3. Date Incorporated or Qualified 04/09/1986
3a. Date of Last Report 01/25/1996

21. Principal Place of Business 21 %O ESTHER GASTWIRTH Suite, Apt. #, etc. 22 223 Southampto B City & State 23 West Palm Beach, Zip 24 FL 33417	2a. Mailing Address 26 %O ESTHER GASTWIRTH Suite, Apt. #, etc. 27 223 Southampton B City & State 28 West Palm Beach Zip 29 FL 33417	Country 25 Palm Bch Country 30 P. B	4. FEI Number 59-2387747 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent LEFKOWITZ, EDDIE 1131 SURF ROAD RIVIERA BEACH FL	10. Name and Address of New Registered Agent 81 Name ESTHER GASTWIRTH 82 Street Address (P.O. Box Number is Not Acceptable) 223 Southampton B 83 WEST Palm BEACH, 84 City FL 85 Zip Code 33417
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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 *Esther Gastwirth* DATE 2/15/1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEFKOWITZ, EDDIE HONORARY President 1131 SURF ROAD RIVIERA BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT ESTHER GASTWIRTH 223 Southampton B WEST Palm BEACH FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GASTWIRTH, ESTHER President 223 S. HAMPTON BLVD. W. PALM BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V.P. DEBBIE Ringor 224 LAKE MERYL DR. WEST Palm Bch FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OLMER, PAULA Treasurer 1412 SAILBOAT CIRCLE WEST PALM BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	STD. PAULA OLMER 1412 sailboat Circle West Palm Beach, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Trustee Joseph Gleitman West Palm Bch 101 Lake Rebecca Dr. FL 33411	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	V.P. BERTIE BOYARSKI 162 LAKE EVELYN DR. WEST PALM BEACH FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE BOARD NATHAN THORP 198 LAKE MERYL DR West Palm Bch FL 33411-3330	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Trustee ABE LEFKOWITZ 110 Judy Ln. W. Palm Bch FL 33411 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXECUTIVE BOARD DAVID ZYFERMAN 348 LAKE FRANCES DR. WEST Palm Bch FL 33411-2333	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Trustee JO Gleitman 101 LAKE REBECA DR. W. Palm Bch FL 33411 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: ESTHER GASTWIRTH, *Esther Gastwirth* DATE 2/15/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0040094

CR2E037 (9/96)