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Feb 07 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 # N24304 (0)

1. Corporation Name

HOLOCAUST SURVIVORS CLUB OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

1019 EXETER B  
BOCA RATON FL 33434

1019 EXETER B  
BOCA RATON FL 33434-2968

3. Date Incorporated or Qualified  
01/12/1988

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 112 FANSHAW C

26 FANSHAW C

4. FEI Number  
59-2145916

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 BOCA RATON FL.

27 BOCA RATON FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

24 33434

25 W.P.B.

Zip

Country

29 33434

30 W.P.B.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASSERMAN, SIDNEY  
1019 EXETER B  
BOCA RATON FL 33434

81 Name  
BIRNBAUM, SAUL

82 Street Address (P.O. Box Number is Not Acceptable)  
112 FANSHAW C

83 BOCA RATON

84 City  
BOCA RATON

FL 85 Zip Code  
33434

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WASSERMAN, SIDNEY	
STREET ADDRESS	1019 EXETER B	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NOWOGROD, SONIA	
STREET ADDRESS	3054 LINCOLN C	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	NADLER, RAY	
STREET ADDRESS	3028 AINSLEY B	
CITY - ST - ZIP	BOCA RATON FL 33434	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	PAULA, KALINA	
STREET ADDRESS	4026 YARMOUTH B	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	FST	<input type="checkbox"/> DELETE
NAME	SILVERMAN, LEONA	
STREET ADDRESS	196 MANSFIELD E	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HUBERMAN, ELI	
STREET ADDRESS	117 SUFFOLK C	
CITY - ST - ZIP	BOCA RATON FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIRNBAUM, SAUL	
1.3 STREET ADDRESS	112 FANSHAW C	
1.4 CITY - ST - ZIP	BOCA RATON FL 33434	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEWIN NORA	
3.3 STREET ADDRESS	2031 LINCOLN B	
3.4 CITY - ST - ZIP	BOCA RATON FL 33434	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KUPERBERG ICEK	
6.3 STREET ADDRESS	4038 WOLVERTON B	
6.4 CITY - ST - ZIP	BOCA RATON FL 33434	

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. 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: Saul Birnbaum SAUL BIRNBAUM Jan. 14-1997 561-451-1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 2042166

CFR2E037 (9/96)