

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90011 014 ****61.25

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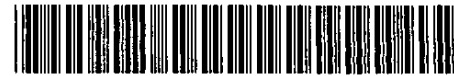
1. Entity Name

HOLOCAUST SURVIVORS CLUB OF BOCA RATON, INC.



Holocaust Survivor Club
Stanley Gilbert
89 Suffolk C
Boca Raton, FL 33434

Holocaust Survivor Club
Stanley Gilbert
89 Suffolk C
Boca Raton, FL 33434



Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/07)	
City & State		City & State		4. FEI Number 59-2145916	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAUL, BIRNBAUM 112 FANSHAW C BOCA RATON FL 33434			Name STANLEY GILBERT		
			Street Address (P.O. Box Number is Not Acceptable)		
			89 SUFFOLK C City BOCA RATON FL Zip Code 33434		

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIR 112 BOCA RATON FL	Stanley Gilbert 89 Suffolk C Boca Raton, FL 33434-4909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT REICH, HENRY	<input type="checkbox"/> Delete 3028 WOLVERTON B BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HABERMAN, ROBERTA	<input type="checkbox"/> Delete 4026 HYTHE B BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FST NEULINGER, MARGARET	<input type="checkbox"/> Delete 4002 EXETER A BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUPERBERG, ICEK	<input type="checkbox"/> Delete 4038 WOLVERTON B BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee 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 all other like empowered.

SIGNATURE: *Stanley Gilbert* 2/1/08 561-852-4817