

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2005  
Secretary of State**

DOCUMENT# N27224

**Entity Name:** HOLOCAUST SURVIVORS FEDERATION OF SOUTH FLORIDA & SECOND GENERATION, INC.

**Current Principal Place of Business:**

C/O RUTH DESPERAK  
9423 ASTON GARDENS COURT APT. 204  
PARKLAND, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RUTH DESPERAK  
9423 ASTON GARDENS COURT APT. 204  
PARKLAND, FL 33076 US

**New Mailing Address:**

**FEI Number:** 65-0091824      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESPERAK, RUTH  
9423 ASTON GARDENS COURT  
APT 204  
PARKLAND, FL 33076 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: PD ( ) Delete  
Name: DESPERAK, RUTH  
Address: 9423 ASTON GARDENS COURT  
City-St-Zip: PARKLAND, FL 33076

Title: TRS ( ) Delete  
Name: ROSNER, FAY  
Address: 9025 NW 53 MANOR  
City-St-Zip: CORAL SPRINGS, FL 33076 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DESPERAK, RUTH  
Address: 9423 ASTON GARDENS COURT  
City-St-Zip: PARKLAND, FL 33076 US

Title: TRS (X) Change ( ) Addition  
Name: ROSNER, FAY  
Address: 9025 NW 53 MANOR  
City-St-Zip: CORAL SPRINGS, FL 33067 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FAY ROSNER

TRS

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date