

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2007
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 US

Title: TRS () Delete
Name: ROSNER, FAY
Address: 5759 N.W. 120 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RUTH DESPERAK

PD

03/06/2007

Electronic Signature of Signing Officer or Director

_____ Date