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Feb 03 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 # N93000000549 (6)

1. Corporation Name
SEPHARDI FEDERATION OF PALM BEACH COUNTY, INC.



Principal Place of Business: 2701 VILLAGE BLVD. SUITE 404 WEST PALM BEACH FL 33409 US
Mailing Address: 2701 VILLAGE BLVD. SUITE 404 WEST PALM BEACH FL 33409-6916 US

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 05/16/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number: 65-0395049
Applied For: Not Applicable

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

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

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

SMERALDI, ROSINA K
2701 VILLAGE BOULEVARD, #404
WEST PALM BEACH FL 33409

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: SIMAN, DAVID
STREET ADDRESS: 109 PALOMINO DR.
CITY-ST-ZIP: JUPITER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: VPDA
NAME: SMERALDI, ROSINA K
STREET ADDRESS: 2701 VILLAGE BLVD., #404
CITY-ST-ZIP: WEST PALM BEACH FL

2.1 TITLE: VPD
2.2 NAME: ROSE PAPPO ALLEN
2.3 STREET ADDRESS: 783 FORESTERIA AVE.
2.4 CITY-ST-ZIP: WELLINGTON, FL 33414-8202

TITLE: TD
NAME: PAPPO, ESTHER
STREET ADDRESS: 4770 SEXTANT CIRCLE
CITY-ST-ZIP: BOYNTON BEACH FL 33436

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: D
NAME: SAUL, DR. R
STREET ADDRESS: 11194 HARBOUR SPRINGS CIRCLE
CITY-ST-ZIP: BOCA RATON FO

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *David W. Siman* DAVID W. SIMAN 1/27/97 561-744-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040728

CR2E037 (9/96)