

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000739 (3)

1. Corporation Name

HEBREW FREE LOAN ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

**13899 BISCAYNE BLVD.
SUITE 109
N. MIAMI BEACH FL 33181**

Mailing Address

**P.O. BOX 630362
MIAMI FL 33163**

3. Date Incorporated or Qualified
01/15/1993

3a. Date of Last Report
06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 20451 NW 2ND AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27

City & State

City & State

23 MIAMI, FL

28

Zip

Country

Zip

Country

24 33169

25 U.S.A.

29

30

4. FEI Number
65-0204289

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

**POTASH, RICHARD J
13899 BISCAYNE BLVD.
SUITE 109
N. MIAMI BEACH FL 33181**

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

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 **D** ☐ DELETE
NAME **NEVEL, JOSEPH**
STREET ADDRESS **5845 COLLINS AVE #301**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

TITLE **D** ☐ DELETE
NAME **HARRIS, JOE**
STREET ADDRESS **2485 MERIDIAN AVE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **BERLIN, LOUIS**
STREET ADDRESS **19651 N.E. 19TH PLACE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **STD** ☐ DELETE
NAME **GOPMAN, GLENN**
STREET ADDRESS **2010 NE 198TH TERRACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

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

TITLE **D** ☐ DELETE
NAME **WEISS, MANNY**
STREET ADDRESS **9101 E. BAY HARBOR DRIVE**
CITY-ST-ZIP **BAY HARBOR FL**

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

TITLE **PD** ☐ DELETE
NAME **WEINBERG, A**
STREET ADDRESS **14040 NW 7TH AVE**
CITY-ST-ZIP **MIAMI FL**

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Glenn H. Gopman* **Glenn H. Gopman** 1-19-96 205-651-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)