

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04403

FILED
Feb 14, 2017
Secretary of State
CC0752479990

Entity Name: THE FRIENDS OF THE HEPBURN CENTER INCORPORATED

Current Principal Place of Business:

1000 NW 8TH AVE
OB JOHNSON PARK HEPBURN CENTER
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1000 NW 8TH AVE
OB JOHNSON PARK HEPBURN CENTER
HALLANDALE BEACH, FL 33009 US

FEI Number: 59-2710007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVENVIRTH, ARMIN
6380 KINGS GATE CIRCLE
DELRAY BEACH, FL 33484 US

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: ARMIN LOVENVIRTH

02/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name LOVENVIRTH, ARMIN
Address 6380 KINGS GATE CIRCLE
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY
Name PENTECOST, JACQUELINE
Address 2001 ATLANTIC SHORES BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title TREASURER
Name RUSSELL, KIMBERLY
Address 134 S DIXIE HIGHWAY STE 207
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name ADELSON, ANTHONY
Address 501 GOLDEN ISLES DRIVE #203
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name LORBER, JONATHON
Address C/O KEYES RE
2822 NE 187 ST
City-State-Zip: AVENTURA FL 33180

Title M
Name SANTIAGO, MARILYN
Address C/O HALLANDALE BEACH HIGH
SCHOOL
720 NW 9TH AVE
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name MANDEL, SUSAN
Address HALLANDALE CREATIVE PRINTING
306 W HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

Title M
Name SONENBLUM, HARRY
Address REIMER INSURANCE AGENCY
217 E HALLANDALE BEACH BLVD
City-State-Zip: HALLANDALE BEACH FL 33009

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I hereby 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 all other like empowered.

SIGNATURE: ARMIN LOVENVIRTH

CD

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ACCOUNTANT
Name HEYER, DEBRA A
Address HEYER TAX & ASSOCIATES INC
8569 PINES BLVD STE 216
City-State-Zip: PEMBROKE PINES FL 33024