

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003484

Entity Name: FLORIDA SOCIETY FOR MIDDLE EAST STUDIES, INC.**Current Principal Place of Business:**6900 ASHTON STREET
BOYNTON BEACH, FL 33437**Current Mailing Address:**P O BOX 1528
BOYNTON BEACH, FL 33474 US**FEI Number:** 20-2669236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWMARK, JANE
6900 ASHTON STREET
BOYNTON BEACH, FL 33437 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:** JANE NEWMARK

02/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NEWMARK, JANE
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title SD
Name HONIG, ARNOLD
Address P O BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title PRESIDENT
Name KLITZBERG, RICHARD
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name CUTLER, PAUL
Address PO BOX1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name CUTLER, MARILYN
Address P O BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name BIEGEL, ALFRED
Address P O BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title VP
Name DAVIDSON, JIM
Address P O BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name LEVITATS, MERON
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

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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: JANE NEWMARK

TREASURERE

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KAPLAN, NORMAN
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name KIMMEL, MORT
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name WEINSTOCK, FRANK
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name NOVAL, IRWIN
Address PO BOX 1528
City-State-Zip: BOYNTON BEACH FL 33474