

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 732795

1. Entity Name

BROWARD WORKMEN'S CIRCLE CEMETERY DEPARTMENT, INC.



Principal Place of Business

**C/O FELBERG
3090 HOLIDAY SPRINGS BLVD.
MARGATE FL 33063
US**

Mailing Address

**3090 HOLIDAY SPRINGS BLVD.
BLD 14 APT 105
MARGATE FL 33063
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1635507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELBERG, NOMAN
3090 HOLIDAY SPRINGS BLVD.
MARGATE FL 33063**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SP	<input type="checkbox"/> Delete
NAME	FELBERG, NORMAN	
STREET ADDRESS	3090 HOLIDAY SPRINGS BLVD. APT 105	
CITY- ST- ZIP	MARGATE FL 33063	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUBIN, LOU	
STREET ADDRESS	7201 N.W. 70TH AVE	
CITY- ST- ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUNIN, FLORENCE	
STREET ADDRESS	7210 NW 70 TH AVE.	
CITY- ST- ZIP	TAMARAC FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDBERG, NORMAN	
STREET ADDRESS	3090 HOLIDAY SPRINGS BLVD	
CITY- ST- ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000256957	
CITY- ST- ZIP	03/09/05-80035-012 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Felberg 3/5/05 954-978-0353