

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732795

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** BROWARD WORKMEN'S CIRCLE CEMETERY DEPARTMENT, INC.

**Current Principal Place of Business:**

112 BRITTANY C  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

**Current Mailing Address:**

112 BRITTANY C  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

**FEI Number:** 59-1635507      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SYD BYKOFISKY  
112 BRITTANY C  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BYKOFISKY, SYD  
Address: 112 BRITTANY C  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T  
Name: WEINSTEIN, SYLVIA  
Address: 157 BRITTANY D  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T  
Name: STRAUSS, ERIC  
Address: 153 SEVILL E  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP  
Name: COHEN, MARTIN  
Address: 152 SEVILL G  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ST  
Name: GUZ, MIRIAM  
Address: 94 SEVILLE F  
City-St-Zip: DELRAY BEACH, FL 33446

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: SYD BYKOFISKY

P

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date