

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734016 (9)

1. Corporation Name

DAVID BEN GURION CULTURE CLUB SURVIVORS OF THE HOLOCAUST, INC.

Principal Place of Business

Mailing Address

% ROSE ROTNENCH
231 - 174TH ST., APT. 1201
MIAMI FL 33160-3318

% ROSE ROTNENCH
231 - 174TH ST., APT. 1201
MIAMI FL 33160-3318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1975

3a. Date of Last Report

01/31/1994

4. FEI Number

59-1636607

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTMENCH, ROSE
231-174TH ST
SUITE #201
MIAMI BCH FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROTMENCH, ROSE
STREET ADDRESS	231 174TH ST. #1201
CITY - ST - ZIP	MIAMI BCH FL
TITLE	TD
NAME	WILSON, SAM
STREET ADDRESS	230-174TH ST. APT 1118
CITY - ST - ZIP	MIAMI BCH FL
TITLE	VD
NAME	SMALL, JACK
STREET ADDRESS	100 GOLDEN ISLES DRIVE #1107
CITY - ST - ZIP	MIAMI BEACH FL 33009
TITLE	VPD
NAME	WEIN, MAX
STREET ADDRESS	301-174TH STREET #1512
CITY - ST - ZIP	MIAMI BEACH FL 33160

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***130.00 ***130.00

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 110.07(3)(b), 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:

Rose Rotmench

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2-4-1995

(Type in Figure)