

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 734016 (9)

1. Corporation Name

**DAVID BEN GURION CULTURE CLUB SURVIVORS OF THE H
OLOCAUST, 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

3. Date Incorporated or Qualified
10/08/1975

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **231-174th str #1201**

4. FEI Number
59-1636607

Applied For
Not Applicable

23 City & State

27 Suite, Apt. #, etc.
1201

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

24 Zip 25 Country

28 City & State
Miami Beach FLA

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTMENCH, ROSE
231-174TH ST
SUITE 1201
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROTMENCH, ROSE	
STREET ADDRESS	231 174TH ST. #1201	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, SAM	
STREET ADDRESS	230-174TH ST. APT 1118	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMALL, JACK	
STREET ADDRESS	100 GOLDEN ISLES DRIVE #1107	
CITY-ST-ZIP	MIAMI BEACH FL 33009	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEIN, MAX	
STREET ADDRESS	301-174TH STREET #1512	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	Joseph Blatstein	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Joseph Blatstein
5.4 CITY-ST-ZIP	2049 J Ocean Drive #602 Hellen 33009 FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Rotmensch

Date

Daytime Phone #

935-1266

CR2E037 (12/95)