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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 ROTMENCH
231 - 174TH ST., APT. 1201
MIAMI FL 33160-3318231 174TH ST.
APT. 1201
MIAMI BEACH FL 33160-3318
US3. Date Incorporated or Qualified
10/08/19753a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number
59-1636607Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROTMENCH, ROSE
STREET ADDRESS 231 174TH ST. #1201
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TD
NAME WILSON, SAM
STREET ADDRESS 230-174TH ST. APT 1118
CITY-ST-ZIP MIAMI BCH FL ☐ DELETE2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD
NAME SMALL, JACK
STREET ADDRESS 100 GOLDEN ISLES DRIVE #1107
CITY-ST-ZIP MIAMI BEACH FL 33009 ☐ DELETE3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VPD
NAME WEIN, MAX
STREET ADDRESS 301-174TH STREET #1512
CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S
NAME BLATSTEIN, JOSEPH
STREET ADDRESS 2049 S. OCEAN DRIVE, #602
CITY-ST-ZIP HALLANDALE FL ☐ DELETE5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 0031571

CR2E037 (9/96)