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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33160-3318

231 174TH ST.
APT. 1201
MIAMI BEACH FL 33160
US

3. Date Incorporated or Qualified

10/08/1975

4. FEI Number

59-1636607

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 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	S	<input type="checkbox"/> DELETE
NAME	BLATSTEIN, JOSEPH	
STREET ADDRESS	2049 S. OCEAN DRIVE, #602	
CITY - ST - ZIP	HALLANDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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:

ROSE ROTMENCHIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-98

CR2E037 (10/97)