

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90044 041 ****61.25

DOCUMENT # 734016

1. Entity Name

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



Principal Place of Business

C/O JACK SMALL
100 GARDEN ISLES DRIVE #1107
HALLANDALE FL 33009

Mailing Address

C/O JACK SMALL
100 GARDEN ISLES DRIVE #1107
HALLANDALE FL 33009
US

2. Principal Place of Business

C/O JACK SMALL

Suite, Apt. #, etc. #1107

100 G OLDEN ISLES DRIVE

HALLANDALE FL.

Zip 33009

3. Mailing Address

C/O JACK SMALL

Suite, Apt. #, etc.

100 G OLDEN ISLES DRIVE #1107

HALLANDALE FL.

Zip 33009



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1636607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALL, JACK
100 GARDEN ISLES DRIVE #1107
SUITE 1107
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME TD
STREET ADDRESS WILSON, SAM
CITY-ST-ZIP 230-174TH ST. APT 1118
MIAMI BCH FL

TITLE
NAME PDR
STREET ADDRESS SMALL, JACK
CITY-ST-ZIP 100 GOLDEN ISLES DRIVE #1107
MIAMI BEACH FL 33009

TITLE
NAME VPD
STREET ADDRESS ECKHAUS, ABE
CITY-ST-ZIP 3140 S OCEAN DR #2011
HALLANDALE FL 33009

TITLE
NAME S
STREET ADDRESS BLATSTEIN, JOSEPH
CITY-ST-ZIP 2049 S. OCEAN DRIVE, #602
HALLANDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Small* JACK SMALL PDR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 10-2005 954-454-9920

Date

Daytime Phone #