FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAR 28 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734216 (5)

1. Corporation Name

BOYNTON - DELRAY BENEVOLENT ASSOCIATION, INC.

10000144261
-03/29/95--01035--001
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O BEN UPCOFF MONACO 0-674 DELRAY BEACH FL 33446	C/O BEN UPCOFF MONACO 0-674 DELRAY BEACH FL 33446

3. Date Incorporated or Qualified: 10/30/1975
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-0321058 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Benjamin Udcoff

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
Benjamin Udcoff

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

9. Name and Address of Current Registered Agent

UDCOFF, BEN
MONACO 0 674
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

61 Name: Benjamin Udcoff.
62 Street Address (P.O. Box Number is Not Acceptable): 674 Monaco O Kings Point Delray Beach
63
64 City: FL 65 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: Benjamin Udcoff — BENJAMIN UDCOFF — JANUARY 23 1995
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	P
NAME	GOLDBERG, ALES
STREET ADDRESS	WATERFORD C-53
CITY-ST-ZIP	DELRAY FL
TITLE	D
NAME	FILER, JULIS F.
STREET ADDRESS	TUSCANY C 175
CITY-ST-ZIP	DELRAY FL
TITLE	D
NAME	GREEN, HYMAN
STREET ADDRESS	MONACO E 202
CITY-ST-ZIP	DELRAY FL
TITLE	T
NAME	DAMPH, JACK
STREET ADDRESS	15244 LAKES OF DELRAY BV
CITY-ST-ZIP	DELRAY FL
TITLE	D
NAME	KLEINMAN, IRVING
STREET ADDRESS	NORMANDY I 404
CITY-ST-ZIP	DELRAY FL
TITLE	V
NAME	LEVY, GUS
STREET ADDRESS	SAXONY F 265
CITY-ST-ZIP	DELRAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

10000144261
-03/29/95--01035--002
******8.75 ******8.75

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Hyman Green DIRECTOR Monaco E. 202 Delray Beach Fl. 33446	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR Irving Kleinman Normandy I-404 Delray Beach, Fla. 33484	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

RC

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BENJAMIN UDCOFF — JANUARY 23 1995 — 499-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secy. Benjamin Udcoff

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