

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735455 (8)

1. Corporation Name

TALMUDIC COLLEGE OF FLORIDA ALUMNI ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

1910 ALTON ROAD
MIAMI BEACH FL 33139
US

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MIAMI BEACH FL 33139
US



300001803169
-05/01/96--01026--021
*****61 25 *****61 25

3. Date Incorporated or Qualified 03/30/1976
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

21 4014 Chase Avenue

2a. Mailing Address

26 4014 Chase Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami Beach, Florida

City & State

28 Miami Beach, Florida

Zip

Country

24 33140

25 Dade

Zip

Country

29 33140

30 Dade

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

GALBET, ABRAHAM AL
999 WASHINGTON AVE.
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent

81 Name Josh Bennett, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Road- Suite 440
83
84 City Miami Beach FL 85 Zip Code 33139

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 617.0593, Florida Statutes.

SIGNATURE

Josh Bennett, Esquire

4-29-96

Signature of Registered Agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ZWEIG, JEROME	
STREET ADDRESS	4014 CHASE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☒ DELETE
NAME	SIMON, MILTON	
STREET ADDRESS	4014 CHASE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	☐ DELETE
NAME	BURSTYN, JEREMIAH	
STREET ADDRESS	4014 CHASE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	☐ Change ☒ Addition
12 NAME	Ron D. Strelnick	
13 STREET ADDRESS	420 Lincoln Road - Suite 440	
14 CITY-ST-ZIP	Miami Beach, Florida 33139	☐ Change ☒ Addition
21 TITLE	D	
22 NAME	Gertrude Shafer	
23 STREET ADDRESS	4147 N. Meridian Avenue	
24 CITY-ST-ZIP	Miami Beach, Florida 33140	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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

April 29, 1996

305-538-4431

Date

Daytime Phone

CR2E037 (12/95)