2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 02, 2004 08:00 AM **DOCUMENT # 736941 Secretary of State** 1. Entity Name THE REGULAR DEMOCRATIC CLUB OF MARGATE. INC. Principal Place of Business Mailing Address P O BOX 93-5027 MARGATE FL 33063 P O BOX 93-5027 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2029484 Not Applicable Zιρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROSS, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 160 N W 69TH TERRACE MARGATE FL 33063 City 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution, Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition RAIDER, HY NAME NAME 7867 GOLF CIRCLE DR STREET ADDRESS STREET ADDRESS U000000073895 MARGATE FL 33063 CITY-ST-ZIP CITY - ST- ZIP <u>010 61.25</u> Addition Delete ☐ Change TITLE TITLE LOEWMTHAL, ERIKA NAME NAME 156 NW 80TH TERR STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition WENBERG, IRVING 7610 NW 18TH STREET STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change PUMILIA, FRANK NAME MAME 3200 HOLIDAY SPRINGS BLVD STREET ADDRESS STREET ADDRESS MARGATE, FL 00000 33063 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete ☐ Change ☐ Addition VARSALLONE, JOE NAME 6272 NW 15TH CT. STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition FINKELSON, JERRI NAME NAME 3130 HOLIDAY SPRINGS BLVD STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date:

Date:

Design Place of Statutes of Particle Place Pla