

2-26-97 B-2361 C

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746503 (2)

1. Corporation Name

THE SEPHARDIC SOCIAL CLUB OF FLORIDA

Principal Place of Business

Mailing Address

C/O JUDITH DELAFUENTE
21785 CYPRESS DR
BOCA RATON FL 33433C/O JUDITH DELAFUENTE
21785 CYPRESS DR
BOCA RATON FL 33433-32463. Date Incorporated or Qualified
03/28/19793a. Date of Last Report
01/26/1996

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

4. FEI Number

59-2734111

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHAN, ANDREW J., ESQ.
2034 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORMAN, AL	
STREET ADDRESS	3302 ARUBA WAY	
CITY - ST - ZIP	COCONUT CREEK FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	DELAUENTE, MORRIS	
STREET ADDRESS	21785 CYPRESS DR	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HALIO, HANK	
STREET ADDRESS	7906 A. LEXINGTON CLUB BLVD.	
CITY - ST - ZIP	DELRAY BEACH FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	DELAUENTE, JUDITH	
STREET ADDRESS	21785 CYPRESS DR	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GORMEZANO, SAMUEL	
STREET ADDRESS	5609 COCO PALM DR.	
CITY - ST - ZIP	TAMARAC FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRESPIN, JACK	
STREET ADDRESS	829 CAMINO RD.	
CITY - ST - ZIP	DELRAY BCH. FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENRY Angel	
1.3 STREET ADDRESS	2617 Carambola circle N	
1.4 CITY - ST - ZIP	COCONUT CREEK FL 33066	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Judith Delafuente* *Judith Delafuente* 2/16/97 561-482-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042008

CR2E037 (9/96)