

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 019 ****61.25

DOCUMENT # 746503

1. Entity Name

THE SEPHARDIC SOCIAL CLUB OF FLORIDA



Principal Place of Business

JUDITH DELAFUENTE
12950 4TH CT SW APT 401
PEMBROKE PINES FL 33027

Mailing Address

MRS. LITA BEHAR
3210 SE 10TH ST. APT. 6A
POMPANO BEACH FL 33062-6523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-2734111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2006

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 **D** ☐ Delete
NAME HENRY, ANGEL
STREET ADDRESS 8991 NW 12TH ST
CITY-ST-ZIP PLANTATION FL 33322

TITLE **P** ☐ Delete
NAME PENSO, LEON
STREET ADDRESS 6406 PINEHURST CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

TITLE **X D** ☐ Delete
NAME HALIO, HANK
STREET ADDRESS 7906 A. LEXINGTON CLUB BLVD.
CITY-ST-ZIP DELRAY BEACH FL

TITLE **D** ☐ Delete
NAME DELAFUENTE, JUDITH
STREET ADDRESS 12950 4TH CT SW #401
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE **D** ☒ Delete
NAME GORMEZANO, SAMUEL
STREET ADDRESS 5609 COCO PALM DR.
CITY-ST-ZIP TAMARAC FL

TITLE **T** ☐ Delete
NAME BEHAR, LITA
STREET ADDRESS 3210 SE 1TH ST., APT. 6A
CITY-ST-ZIP POMPANO BEACH FL 33062

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☒ Addition
NAME *Vice Pres.*
STREET ADDRESS *Mildred apt*
CITY-ST-ZIP *1508 Whitehall dr apt 202*
St. Lauderdale, Fla 33324

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lita Behar