## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#746503** 

FILED Feb 04, 2009 Secretary of State

Entity Name: THE SEPHARDIC SOCIAL CLUB OF FLORIDA

Current Principal Place of Business:			New Principal Place of Business:		
12950 4TH	ELAFUENTE I CT SW APT KE PINES, FL				
Current Mailing Address:			New Mailing Address:		
	A BEHAR 0TH ST. APT. O BEACH, FL				
FEI Number:	: 59-2734111	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2034 E. OA FT. LAUDE The above	ANDREW J., ES AKLAND PARY ERDALE, FL 3 e named entity s e of Florida.	KBLVD. 33306 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) HENRY, ANGEI 8991 NW 12TH PLANTATION, F	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) COHEN, LORE 2904 VICTORIA POMPANO BEA	NPL APT B1	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PENSO, LEON 6406 PINE HUF		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AJI, MILDRED 1508 WHITEAL	Delete L APT 202 DALE, FL 33324	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ( ) BEHAR, LITA 3210 SE 1TH S POMPANO BEA	· ·	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LITA BEHAR T 02/04/2009