

FILE NOW: FILING FEE IS \$61.25

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AND
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98 JUN 30 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762415** (8)

1. Corporation Name

THE SHALOM FOUNDATION INCORPORATED

Principal Place of Business

Mailing Address

~~527 COCONUT ISLE~~
~~FT. LAUDERDALE FL 33301~~

~~527 COCONUT ISLE~~
~~FT. LAUDERDALE FL 33301~~

2. Principal Place of Business

21 **3101 N.E. 46th St.**

Suite, Apt. #, etc.

22

City & State

23 **FT. LAUDERDALE**

Zip

24 **33308**

Country

25 **BRWD.**

2a. Mailing Address

26 **3101 NE 46th St.**

Suite, Apt. #, etc.

27

City & State

28 **FT. LAUDERDALE**

Zip

29 **33308**

Country

30 **BRWD.**

3. Date Incorporated or Qualified

03/15/1982

4. FEI Number

59-2184354

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERITZ, RICHARD

~~527 COCONUT ISLE~~

~~FT. LAUDERDALE FL 33301~~

81 Name

PERITZ, RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)

3101 NE 46th St.

83

200002553292-8

84

City

FT. LD.

-06/09/98-01072-005

*******311.25**

*******Code 25**

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

TITLE **PTD** ☐ DELETE

NAME **PERITZ, RICHARD C**

STREET ADDRESS **527 COCONUT ISLE**

CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **SD** ☐ DELETE

NAME **TORCHIN, DAVID**

STREET ADDRESS **8211 W. BROWARD BLVD.**

CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE

NAME **PERITZ, NOOMI**

STREET ADDRESS **6200 NW 48TH ST.**

CITY-ST-ZIP **LAUDERHILL 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

1.1 TITLE **PTD** ☒ Change ☐ Addition

1.2 NAME **PERITZ, RICHARD C**

1.3 STREET ADDRESS **3101 N.E. 46th St.**

1.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E037 (10/97)