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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(2)

## **FILED** Jan 30 1998 8:00am Secretary of State

| HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.  |   |                           |                |                          |  |  |
|---|---|---------------------------|----------------|--------------------------|--|--|
| Principal Place of Business Mailing Address   |   |                           |                |                          |  |  |
| 8358 W. OAKLAND PARK BLVD. 8358 W. OAKLAND PARK BLVD.   |   |                           |                |                          |  | a Data la constant de Conflict   |
| FT. LAUDERDALE FL 33351 FT. LAUDERDALE FL 33351   |   |                           |                |                          | 3. Date Incorporated or Qualified 03/29/1982 |  |
|   |   |                           |                |                          |  | 4. FEI Number Applied For  |
|   |   |                           |                |                          |  | 59-223621 Not Applicable   |
| 2. Principal Place of Business 2a. Mailing Address 21 26  |   |                           | ess            |                          |  | 5. Certificate of Status Desired S8.75 Additional Fee Required                 |
| Suite, Apt. #, etc.   |   |                           | etc.           |                          |  | 6. Election Campaign Financing \$5.00 May Be                                   |
| 22  |   |                           |                |                          |  | Trust Fund Contribution Added to Fees  |
| 23 28   |   |                           |                |                          |  | 7. Is this nonprofit corporation a homeowners association?                     |
| Zip   | Country   |                           |                | Country                  |  | 8. This corporation owes or has paid the current year Intangible               |
| 24  | 25  | 29                        | 30             |                          |  | Personal Property Tax due June 30. Yes No                                      |
|   | 9. Name and Address of Currer                                     | nt Registered Agent       |                |                          |  | 10. Name and Address of New Registered Agent                                   |
|   |   |                           |                | 81                       | Name   |  |
| GRAIFMAN, IRVING  |   |                           |                | 82                       | Street Addre                                 | ess (P.O. Box Number is Not Acceptable)  |
| 7031 NW 104TH AVE<br>TAMARAC FL 33321   |   |                           |                | 83                       |  |  |
| TAMANAO FL 33321  |   |                           |                |                          |  |  |
|   |   |                           |                | 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   |   |                           |                |                          |  |  |
| 12.   | Signature, typed or printed name of registered age<br>OFFICERS AN |                           | (NOTE: Registe |                          | signature require                            | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    |
| TITLE   | PD OFFICERS AN  | D DIRECTORS DEL           |                | 1 TITLE                  |  | Change Addition  |
| NAME  | GRAIFMAN, IRVING  | <b></b>                   |                | NAME                     |  |  |
| STREET ADDRESS  | 7031 NW 104TH AVE   |                           | 1.3            | STREET AL                | DORESS                                       |  |
| CITY-ST-ZIP   | TAMARAC FL  |                           | 1.4            | CITY-ST-                 | ZIP  |  |
| TITLE   | TS  |                           |                | TITLE                    |  | Change Addition  |
| NAME  |   |                           | 2 NAME         |                          |  |  |
| STREET ADDRESS  |   |                           | STREET AS      | DDRESS                   |  |  |
| CITY - ST - ZIP   |   |                           | 4 CITY - ST-   | - ZIP                    |  |  |
| TITLE   | DVP   | DEL.                      |                | TITLE                    |  | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS  | MORRIS, DAN<br>6410 NW 90 AVE                                     |                           |                | NAME                     |  |  |
| CITY-ST-ZIP   | TAMARAC FL  |                           | 1              | STREET AC<br>I. CITY-ST- |  |  |
| TITLE   | VP  | ☐ DEL                     |                | i. (1111-51-<br>  TITLE  | - 417  | Change Addition  |
| NAME  | LITT. JOSEPH  | _                         | 4. 2           | 2 NAME                   |  |  |
| STREET ADDRESS  | 3203 POTOFINO POINT   |                           | 4.3            | STREET AD                | DORESS                                       |  |
| CITY-ST-ZIP   | COCONUT CREEK FL  |                           | 4,4            | CITY-ST-                 | ZIP  |  |
| TITLE   | TS  | ☐ DEL                     | ETE 5.1        | TITLE                    |  | Change Addition  |
| NAME  | SCHAGRIN, LEON  |                           | 5.2            | NAME                     |  |  |
| Street address  | 3900 NW 76TH AVE  |                           | 5.3            | STREET AC                | DORESS                                       |  |
| CITY-ST-ZIP   | SUNRISE FL  | - Taim                    |                | CITY-ST-                 | ZIP  |  |
| TOTLE   | I<br>NEDATEDOTEINI ADE  | ☐ DEL                     | 1              | TITLE                    |  | Change Addition  |
| NAME  | NEWERSTEIN, ABE   |                           |                | NAME                     |  |  |
| STREET ADDRESS  | 7215 PRIMROSE LN<br>TAMARAC FL                                    |                           |                | STREET AC                |  |  |
| CITY-ST-ZIP  14.   hereby c   |   | th this filing does not a |                | xemptio                  |  | 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:**