


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90354 043 ****70.00

DOCUMENT # N01000005532 1. Entity Name CHILD SURVIVORS/HIDDEN CHILDREN OF THE HOLOCAUST, INC.					
Principal Place of Business 15451 PEMBRIDGE DR F201 DELRAY BEACH, FL 33484			Mailing Address 15451 PEMBRIDGE DR F201 DELRAY BEACH, FL 33484		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent FISHMAN, ALAN S ESQ 2301 W. SAMOE RD 4-1A POMPAHO BEACH, FL 33073				7. Name and Address of New Registered Agent Name REGINA GLINZMAN Street Address (P.O. Box Number is Not Acceptable) 15451 PEMBRIDGE DR. 201 F DELRAY BEACH, City FL Zip Code 33484	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	NORMAN FRAJMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOVIC, ALEX		NAME	11318 OLA AVE	
STREET ADDRESS	7529 SE BAY CEDAR CIR.		STREET ADDRESS	BOYNTON BEACH, FL 33437	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	PRESIDENT	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKSTEIN, MARY		NAME	RICHARD WEILHEIMER	
STREET ADDRESS	9260-14TH ST., APT. 2505		STREET ADDRESS	6234 D ISLAND BEND	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete	TITLE	EXEC. V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAJMAN, NORMAN		NAME	ZELDA FURSHAN	
STREET ADDRESS	11318 OLA AVE.		STREET ADDRESS	21432 BOCA WOODS LANE S.	
CITY-ST-ZIP	BOYNTON BCH, FL 33437		CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUKSMAN, ZELDA		NAME	REGINA GLINZMAN	
STREET ADDRESS	21932 BOCA WOODS LANE S.		STREET ADDRESS	15451 PEMBRIDGE DR. 201 F	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLINZMAN, REGINA		NAME	RUTH NEMOVICHER	
STREET ADDRESS	15451 PEMBRIDGE DR - F201		STREET ADDRESS	2004 EXETER A	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Regina Glinzman, Treasurer</u> 4-2606 561-498-9821					