

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moctham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N02607** (2)

1. Corporation Name

JEWISH WAR VETERANS POST 520, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6404
LAKE WORTH FL 33466-3404
US

P. O. BOX 6404
LAKE WORTH FL 33466-3404
US

3. Date Incorporated or Qualified

04/18/1984

4. FEI Number

59-2405822

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

MINDEL, SAM
6328 TALL CYPRESS CIRCLE
GREENACRES FL 33463

81 Name

HERB GORDON

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

8250 LAKE CYPRESS ROAD

83

84 City

LAKE WORTH

FL

85

33467

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]

(NOTE: Registered Agent signature required when reinstating)

26 MAR. 98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **GORDON, HERB**
STREET ADDRESS **8250 LAKE CYPRESS ROAD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **VD** ☒ DELETE
NAME **GASN, PAUL**
STREET ADDRESS **269 CONENTRY L**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ DELETE
NAME **KIRSCHNER, SEYMOUR**
STREET ADDRESS **4702 LUCERNE LKS BLVD E**
CITY-ST-ZIP **LAKE WORTH 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

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WALTER GREENWALD**
1.3 STREET ADDRESS **113 GREENBRIER C**
1.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **SHERMAN MEYERSON**
2.3 STREET ADDRESS **3138 VIA POINCIANA DR. #212**
2.4 CITY-ST-ZIP **LAKE WORTH, FL. 33467**

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.

SIGNATURE:

[Signature]

24 Feb 98

561.433.9731

CR2E037 (10/97)