## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # N0400004640  1. Entity Name KINGS POINT HOLOCAUST SURVIVORS, INC.						05-02-2005 90552 010 ****61.25				
Principal Place of Business 7652 FAIRFAX DRIVE TAMARAC, FL 33324		Mailing Address 7652 FARFAX DRIVE TAMARAC, FL 33324			1 1000/100	n awin árak ökki ökki ö			der at tans	
2. Principal Place of Business		3. Mailing Address	<del></del>	· · · · · · · · · · · · · · · · · · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282005	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Numb	per 1 C			plied For Applicable	
Zip	Country	Zip	Cor	intry		of Status Desired		\$8.75 Add Fee Required		
	8. Name and Address of Current	Registered Agent			7. Name an	Address of New	Registered A	igent		
FILINGS, INC.			Name							
3732 N.W. 16TH STREET FT. LAUDERDALE, FL. 33311-4132				Street Addre	ess (P.O. Box Numl	Der is NOT Acceptat	ose)			
			City				FL	Zip Code	,	
	named entity submits this statement for	or the purpose of changing	its register	ed office or reg	gistered agent, or b	oth, in the State of I		emiliar with,	and accept	
(ue condan	ons of registered agent.									
SIGNATURE.	Signeture, typed or printed name of registered agen	and the Hambleshie Oil	OTF: Recisions	el Acent siconstana es	equired when reinstating)		DATE	<u> </u>		
	The state of the s	1			•	landara da	and sections	Sacrassina nu suci i Sacras	se in inconstruction	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election C Trust Fund	ampaign f d Contribut		\$5.00 May Added to Fee		Make check orida Depari			
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CI	ANGES TO OFFIC	ERS AND DIF	RECTORS IN	10	
TITLE	D	☐ Delete	TITE	E						
NAME	TAUB, ALICE		NAM					☐ Change	Addition	
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l	=	Dekte	STRE CITY TITL NAM STRE	EET ADDRESS '-ST-ZIP	Plaire K 7476 N Tamarac	ron Devon 1	Drive 321			
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12. Thereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joan Waldman Joan Waldman April 28,2005 9