


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004640	
1. Entity Name KINGS POINT HOLOCAUST SURVIVORS, INC.	

Principal Place of Business 7652 FAIRFAX DRIVE TAMARAC, FL 33324	Mailing Address 7652 FAIRFAX DRIVE TAMARAC, FL 33324
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06222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

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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 substituting) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUB, ALICE 7496 N DEVON DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDMAN, JOAN 7652 FAIRFAX DRIVE TAMARAC, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRON, CLAIRE 7476 N. DEVON DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/28/07-80002-004 61.25

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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: Joan Waldman Joan Waldman 8-22-07 954-721-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #