

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

7/2

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-21-2006 90028 044 ****61.25

DOCUMENT # N05000003752

1. Entity Name
**VICTOR FREEDMAN POST 613, JEWISH WAR
VETERANS OF THE UNITED STATES OF AMERICA
INCORPORATED**



Principal Place of Business
**2401 S OCEAN DR #602
HOLLYWOOD, FL 33019**

Mailing Address
**2401 S OCEAN DR #602
HOLLYWOOD, FL 33019**

66022855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006

Chg-NP

CR2E037 (4/06)

4. FEI Number

596155150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENBERG, EDWARD
2401 S OCEAN DR #602
HOLLYWOOD, FL 33019**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROSENBERG, ED
2401 S OCEAN DR #602
HOLLYWOOD, FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARLIEB, SAUL
121 GOLDEN ISLES DR APT 806
HALLANDALE, FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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:

Saul Marlieb **QUARTERMASTER JULY 19, 2006 8366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #