
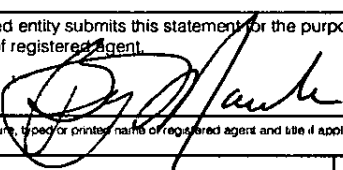
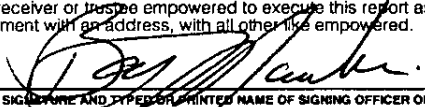


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90070 040 ****61.25

DOCUMENT # N05563 1. Entity Name THE SOUTH FLORIDA SHOMRIM SOCIETY, INC.					
Principal Place of Business 4200 BISCAYNE BOULEVARD MIAMI, FL 33137-3210			Mailing Address 4200 BISCAYNE BOULEVARD MIAMI, FL 33137-3210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANKES, BARRY M ESQ % SHOMRIM 420 BISCAYNE BLVD 4200 BISCAYNE BLVD MIAMI, FL 33137				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> BARRY M. MANKES <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> 2/8/2005 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASEL, GREGG		NAME		
STREET ADDRESS	C/O SHOMRIM, 4200 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENROLILA, MICHAEL		NAME	BENTOLILA, MICHAEL	
STREET ADDRESS	C/O SHOMRIM, 4200 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIBONDITZ, STEVE		NAME	LEIBOWITZ, STEVE	
STREET ADDRESS	C/O SHOMRIM, 4200 BISCAYNE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANRES, BARRY		NAME	MANKES, BARRY	
STREET ADDRESS	SHORIM 4200 BISCAYNE BLVD		STREET ADDRESS	SHOMRIM	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELVER, IRVING		NAME	HELLER, IRVING	
STREET ADDRESS	C/O SHORNRIM 4200 BISCAYNE BLVD		STREET ADDRESS	SHOMRIM	
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP		
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 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:  Barry M. Mankes 2/8/05 (786) 355-4670					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		