

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000000211

1. Entity Name
FLORIDA RESOURCE CENTER FOR SENIORS AND
THEIR FAMILIES, INC.



Principal Place of Business
10206 NOCETO WAY
BOYNTON BEACH, FL 33437

Mailing Address
10206 NOCETO WAY
BOYNTON BEACH, FL 33437

08 NOV -7 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10272008 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
20-4836923

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GINSBERG, EDITH
10206 NOCETO WAY
BOYNTON BEACH, FL 33437

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 Edith Ginsberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GINSBERG, EDITH
STREET ADDRESS 10206 NOCETO WAY
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete
NAME LITT, ANN
STREET ADDRESS 7056 FALLS ROAD EAST
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete
NAME LITT, JAT
STREET ADDRESS 7056 FALLS ROAD EAST
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700137736877
CITY-ST-ZIP 11/07/08--01016--009 **236.25

TITLE ☐ Change ☐ Addition
NAME Ass't. Director
STREET ADDRESS Dr. Murray ITZKOWITZ
CITY-ST-ZIP 123 E 92 St. 172
New York, New York 10028

TITLE ☒ Change ☐ Addition
NAME TREASURER
STREET ADDRESS Franklin Gershon
CITY-ST-ZIP P.O. Box 7046
Delray Beach, FL 33482

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

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

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

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: Edith Ginsberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #