

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14263

FILED
Mar 10, 2009
Secretary of State

Entity Name: HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

C/O COLETTE HERMAN
113 LAKE PAULA DR.
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

C/O COLETTE HERMAN
113 LAKE PAULA DR.
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-2387747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, COLETTE
113 LAKE PAULA DR.
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERMAN, COLETTE
Address: 113 LAKE PAULA DR.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: GASTWIRTH, ESTHER
Address: 223 SOUTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: BECKER, FAYE
Address: 7634 NEMEC DR. S.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: GLEITMAN, JOSEPH
Address: 101 LAKE REBECCA DR
City-St-Zip: WEST PALM BEACH, FL 334113372

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GASTWIRTH, ESTHER
Address: 223 SOUTHAMPTON B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLETTE HERMAN

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date