FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14792 (8)

1. Corporation Name

THE WORKMEN'S CIRCLE CULTURAL FOUNDATION OF THE SOUTHERN REGION, INC.

Principal Place of Business	Mailing Address
3502 BIMINI LANE F3 COCONUT CREEK FL 33066 US	C/O CHARLES INFELD 3502 BIMINI LANE, F-3 COCONUT CREEK FL 33066 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1986
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2652106 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ ☐ Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INFELD, CHARLES
3502 BIMINI LANE
F-3
~~33066UT CREEK FL 33066~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City COCONUT CREEK FL 85 Zip Code 33066

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, ALBERT	12 NAME	
STREET ADDRESS	157 BRITTANY D	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WEINER, EVELYN	22 NAME	SD WEINER, EVELYN
STREET ADDRESS	6336 SW 139TH PL	23 STREET ADDRESS	15771 SW 106 TERR., #101
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, HYMAN	32 NAME	
STREET ADDRESS	6361 FALLS CIRCLE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LANDSMAN, ISADORE	42 NAME	000001 478440 -05/08/95--01029--012
STREET ADDRESS	6090 NW 64TH AVENUE	43 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	INFELD, CHARLES	52 NAME	
STREET ADDRESS	3502 BIMINI LANE, F-3	53 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Infeld - CHARLES INFELD 4/10/95 (305) 974-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0040263