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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14792** (8)

1. Corporation Name

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

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

05/07/1986

4. FEI Number

59-2652106

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INFELD, CHARLES
3502 BIMINI LANE
F-3
COCONUT CREEK FL 33068**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKWEITZ, JOSEPH	
STREET ADDRESS	2102 LUCAYA II, 03	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, EVELYN	
STREET ADDRESS	15771 SW 108 TERR. #102	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, HYMAN	
STREET ADDRESS	6361 FALLS CIRCLE DR.	
CITY-ST-ZIP	LAUDERHILL FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARCHIK, ABRAM	
STREET ADDRESS	1750 NE 191ST ST #311	
CITY-ST-ZIP	NORTH MIAMI FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	INFELD, CHARLES	
STREET ADDRESS	3502 BIMINI LANE, F-3	
CITY-ST-ZIP	COCONUT CREEK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERKENWALD, ROSE	
STREET ADDRESS	6700 OVERLAND DR	
CITY-ST-ZIP	DELRAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAL WEINSTEIN
2.3 STREET ADDRESS	157 BRITANNYD
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 3/25/98 (954) 974-3429

CR2E037 (10/97)