

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90410 046 \*\*\*\*61.25

**DOCUMENT # N14792**  
1. Entity 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**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

4. FEI Number **59-2652106**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. 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	C	<input type="checkbox"/> Delete
NAME	WEISTEIN, AL	
STREET ADDRESS	157 BRITTANY D	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINTRAUB, BELLE	
STREET ADDRESS	7140 BROOKWOOD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKS, FLORENCE	
STREET ADDRESS	9581 SUNRISE LAKES	
CITY-ST-ZIP	FORT LAUDERDALE FL 33322	
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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** Charles Infeld      **CHARLES INFELD**      4/1/04      (954) 974-3429