

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

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2652106

Applied For

Not Applicable

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

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

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

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

(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #