

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N19056 (3)**
1. Corporation Name
YIDDISH CULTURE CLUB CENTURY VILLAGE WEST, INC.



Principal Place of Business: **BRIGHTON A-23 BOCA RATON FL 33434**
Mailing Address: **BRIGHTON A-23 BOCA RATON FL 33434**

3. Date Incorporated or Qualified: **02/03/1987**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-2088314**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **FEINERMAN, IRVING BRIGHTON A23 CENTURY VILLAGE WEST BOCA RATON FL 33434**
10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent Signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINERMAN, IRVING	1.2 NAME	
STREET ADDRESS	23 BIRGHTON A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, SIDNEY	2.2 NAME	
STREET ADDRESS	1019 EXETER B	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	HUBERMAN, ELIAS	3.2 NAME	
STREET ADDRESS	117 SUFFOLK C	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME	JONES, EVA	4.2 NAME	
STREET ADDRESS	2031 AINSLIE B	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME	NEIMAN, ISREAL	5.2 NAME	
STREET ADDRESS	2018 GUILDFORD A.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Irving Feinerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **IRVING FEINERMAN**
DATE: **2-6-96** DISTRICT PHONE #: **407-482-5918**