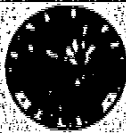


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N23328

(0)

1. Corporation Name

**SOUTH PALM BEACH COUNTY HEBREW FREE LOAN SOCIETY
INC.**

Principal Place of Business

Mailing Address

**21300 RUTH AND BARON COLEMAN BLVD
BOCA RATON FL 33438**

**21300 RUTH AND BARON COLEMAN BLVD
BOCA RATON FL 33438**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1987

3a. Date of Last Report

03/16/1994

4. FBI Number

65-0015789

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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 ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

21

2a

5.

6.

7.

8.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

2b

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELOFF, DONN
2255 GLADES ROAD
SUITE 3402
BOCA RATON FL 33432**

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	BAUMRITTER, FLORENCE
STREET ADDRESS	2000 N. OCEAN BLVD.
CITY- ST- ZIP	BOCA RATON FL
TITLE	DT
NAME	BOBICK, EDWARD
STREET ADDRESS	1149 HILLSBORO MILE
CITY- ST- ZIP	HILLSBORO BEACH FL
TITLE	DS
NAME	WEINSHANK, GLADYS
STREET ADDRESS	6481 NW 2ND AVENUE #204
CITY- ST- ZIP	BOCA RATON FL
TITLE	DV
NAME	BELOFF, PAMELA
STREET ADDRESS	7020 NW 88TH TERR
CITY- ST- ZIP	PARKLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	DV	☒ Change ☐ Addition
1.2 NAME	WEINSHANK, GLADYS	
1.3 STREET ADDRESS	6461 NW 2 AVE.	
1.4 CITY- ST- ZIP	BOCA RATON FL	
2.1 TITLE	DS	☐ Change ☒ Addition
2.2 NAME	SANKIN, JULIUS	
2.3 STREET ADDRESS	727 PINE LAKE DRIVE	
2.4 CITY- ST- ZIP	DELRAY BEACH FL	
3.1 TITLE	DT	☒ Change ☐ Addition
3.2 NAME	BOBICK, EDWARD	
3.3 STREET ADDRESS	1149 HILLSBORO MILE	
3.4 CITY- ST- ZIP	BOCA RATON FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-14-95

Date

498-0096

Anytime (Phone #)