FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33428	21300 RUTH AND BARON COLEMAN BLVD BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1987
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0015789 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	BAUMRITTER, FLORENCE	1.2 NAME	WEINSHANK, GLADYS	
STREET ADDRESS	2000 N. OCEAN BLVD.	1.3 STREET ADDRESS	6461 NW 2 AVE.	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL.	
TITLE	DT	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	BOBICK, EDWARD	2.2 NAME	SANKIN, JULIUS	
STREET ADDRESS	1149 HILLSBORO MILE	2.3 STREET ADDRESS	727 PINE LAKE DRIVE	
CITY-ST-ZIP	HILLSBORO BEACH FL	2.4 CITY-ST-ZIP	~~DELRAY BEACH FL~~	
TITLE	DS	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	WEINSHANK, GLADYS	3.2 NAME	BOBICK, EDWARD	
STREET ADDRESS	6461 NW 2ND AVENUE #204	3.3 STREET ADDRESS	1149 HILLSBORO MILE	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	~~BOCA RATON FL~~	
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	BELOFF, PAMELA	4.2 NAME		
STREET ADDRESS	7020 NW 88TH TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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: Julius Sankin 4-14-95 498-0096
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0011764