

5-19-97 B-1321 N/C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF REVENUE<br><b>Sandra B. M...</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N23328** (0)  
1. Corporation Name  
**SOUTH PALM BEACH COUNTY HEBREW FREE LOAN SOCIETY, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>21300 RUTH AND BARON COLEMAN BLVD<br/>BOCA RATON FL 33426</b> | Mailing Address<br><b>21300 RUTH AND BARON COLEMAN BLVD<br/>BOCA RATON FL 33426-1757</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/30/1987</b> | 3a. Date of Last Report<br><b>06/19/1996</b> |
|--|--|

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country | 4. FEI Number<br><b>65-0015789</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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   | 85 Zip Code |
|         |   |    | <b>FL</b> |             |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------|---|---|
| TITLE                      | <b>DV</b>                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WEINSHANK, GLADYS</b>   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>6461 NW 2 AVENUE</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DS</b>                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SANKINS, JULIUS</b>     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>727 PINE LAKE DRIVE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL</b>     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DT</b>                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BOBICK, EDWARD</b>      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>1149 HILLSBORO MILE</b> | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>       | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DV</b>                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BELOFF, PAMELA</b>      | 4.2 NAME  |   |
| STREET ADDRESS             | <b>7020 NW 66TH TERR</b>   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PARKLAND FL</b>         | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 5.2 NAME  |   |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Gladys Weinshank*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041845

CR2E037 (9/96)