

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23328

FILED
Apr 30, 2007
Secretary of State

Entity Name: SOUTH PALM BEACH COUNTY HEBREW FREE LOAN SOCIETY, INC.

Current Principal Place of Business:

21300 RUTH AND BARON COLEMAN BLVD
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

21300 RUTH AND BARON COLEMAN BLVD
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 65-0015789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAFFER, JACLYNN
21300 COLEMAN BOULEVARD
SUITE 3402
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLAUGH, MICHAEL
Address: 2456 NW 62ND STREET
City-St-Zip: BOCA RATON, FL 33496

Title: VD () Delete
Name: BLAIR, LARRY
Address: 2255 GLADES ROAD, SUITE 411E
City-St-Zip: BOCA RATON, FL 33431

Title: SD () Delete
Name: FELDMAN, DIANE
Address: 21475 LINWOOD COURT
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: GOLDSTEIN, ALAN
Address: 6627 NW 25TH WAY
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MULLAUGH

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date