



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90248 026 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N24239</b><br>1. Entity Name<br><b>HATIKVAH FAMILY, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>2333 NW 95TH AVE.<br/>CORAL SPRINGS, FL 33065 US</b>  |  |  |   | Mailing Address<br><b>2333 NW 95TH AVE.<br/>CORAL SPRINGS, FL 33065 US</b>   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>1208 N.W. 97 Avenue</b><br>Suite, Apt. #, etc.<br><b>Pembroke Pines, FL</b> |   |    |  |
| City & State  |  | City & State   |   | 03262004 Chg-NP CR2E037 (10/03)  |  |
| Zip   |  | Country  |   | 4. FEI Number<br><b>65-0381536</b>   |  |
| Zip<br><b>33024</b>   |  | Country<br><b>BROWARD</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BOSSERT, KAREN<br/>2333 NW 95TH AVENUE<br/>CORAL SPRINGS, FL 33065</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>                  |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>FINKEL, SYDNEY<br>18081 BISCAYNE BLVD.<br>N MIAMI BEACH, FL      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>FREISTAT, RICK<br>8622 NW 1ST<br>CORAL SPRINGS, FL 33071          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>TERNER, ELAINE<br>1208 N.W. 97TH AVE.<br>PEMBROKE PINES, FL 33024 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>KRAVITZ, DEBRA<br>1108 PINEHURST<br>N. LAUDERDALE, FL 33068      | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>GINSBERG, YVONNE<br>3121 N 52ND AVE<br>HOLLYWOOD, FL             | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |  |  |
| <b>SIGNATURE:</b> <u>Elaine Turner</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | Date <u>4/19/2004</u> Daytime Phone # <u>954-232-1679</u> |  |  |