

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24304 (0)

1. Corporation Name

HOLOCAUST SURVIVORS CLUB OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

**1019 EXETER B
BOCA RATON FL 33434**

**1019 EXETER B
BOCA RATON FL 33434**

3. Date Incorporated or Qualified
01/12/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

4. FEI Number

59-2145916

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

**WASSERMAN, SIDNEY
1019 EXETER B
BOCA RATON FL 33434**

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 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 *Sidney Wasserman*

SIDNEY WASSERMAN

JANUARY 18, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WASSERMAN, SIDNEY
1019 EXETER B
BOCA RATON FL 33434**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
NOWOGROD, SONIA
3054 LINCOLN C
BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**RS
NADLER, RAY
3028 AINSLEY B
BOCA RATON FL 33434**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**CS
PAULA, KALINA
4028 YARMOUTH B
BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**FST
SILVERMAN, LEONA
196 MANSFIELD E
BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HUBERMAN, ELI
117 SUFFOLK C
BOCA RATON FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 119.07(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 on an attachment with an address.

SIGNATURE: *Sidney Wasserman* **SIDNEY WASSERMAN** *01.18.96* **407-483-2701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)