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Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33434-2968



3. Date Incorporated or Qualified
01/12/1988

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 112 FANSHAW C

2a. Mailing Address

26 FANSHAW C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FL.

27 City & State

28 BOCA RATON FL

24 Zip

33434

Country

25 W.P.B.

29 Zip

33434

Country

30 W.P.B.

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

WASSERMAN, SIDNEY
1019 EXETER B
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

BIRNBAUM, SAUL

82 Street Address (P.O. Box Number is Not Acceptable)

112 FANSHAW C

83

BOCA RATON

84 City

BOCA RATON

FL

85 Zip Code

33434

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

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

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

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

TITLE CS ☐ DELETE
NAME PAULA, KALINA
STREET ADDRESS 4026 YARMOUTH B
CITY-ST-ZIP BOCA RATON FL

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BIRNBAUM, SAUL
1.3 STREET ADDRESS 112 FANSHAW C
1.4 CITY-ST-ZIP BOCA RATON FL 33434 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME RS LEWIN NORA
3.3 STREET ADDRESS 2031 LINCOLN B
3.4 CITY-ST-ZIP BOCA RATON FL 33434

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME V KUPERBERG ICEK
6.3 STREET ADDRESS 4038 WOLVERTON B
6.4 CITY-ST-ZIP BOCA RATON FL 33434

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. 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: Saul Birnbaum SAUL BIRNBAUM Jan. 14-1997 561-451-1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 561-451-1986

CR2E037 (9/96)