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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25954

1. Corporation Name

HABONIM CULTURAL CLUB-SURVIVORS OF THE HOLOCAUST
INC.

Principal Place of Business

C/O MICHAEL JACOBS
2609 NE 10TH ST.
HALLANDALE FL 33009

Mailing Address

C/O MICHAEL JACOBS
2609 NE 10TH ST.
HALLANDALE FL 33009



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/18/1988

4. FEI Number

65-0058563

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

9. Name and Address of Current Registered Agent

JACOBS, MICHAEL
2609 NE 10 STREET
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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. If I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael Jacobs*

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 ☐ DELETE

NAME VPD
STREET ADDRESS SCHWECHER, CHARLES
CITY-ST-ZIP 1904 SOUTH OCEAN DRIVE #306
HALLANDALE FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS GASSON, SAM
CITY-ST-ZIP 178001 ATLANTIC BLVD.
MIAMI BCH. FL

TITLE ☐ DELETE

NAME S
STREET ADDRESS SACHS, JOSEPH
CITY-ST-ZIP 290 171 STREET
MIAMI BCH FL

TITLE ☐ DELETE

NAME TD
STREET ADDRESS JACOBS, MICHAEL
CITY-ST-ZIP 2609 NE 10TH ST.
HALLANDALE FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS GODLEWICZ, MICHAEL
CITY-ST-ZIP 601 THREE ISLANDS BLVD
HALLANDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *Michael Jacobs* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 5 1999

Date

954.456-7910

Daytime Phone #

CR2E037 (1/98)