

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90407 032 \*\*\*\*61.25

**DOCUMENT # N25954**

1. Entity Name

**HABONIM CULTURAL CLUB-SURVIVORS OF THE  
HOLOCAUST INC.**



Principal Place of Business

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0058563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBS, MICHAEL  
2609 NE 10 STREET  
HALLANDALE FL 33009**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE PD  
NAME GASSON, SAM ☐ Delete  
STREET ADDRESS 178001 ATLANTIC BLVD.  
CITY-ST-ZIP MIAMI BCH. FL

TITLE SD  
NAME SACHS, JOSEPH ☐ Delete  
STREET ADDRESS 290 171 STREET  
CITY-ST-ZIP MIAMI BCH FL

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

*Michael Godlewicz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/31/04*  
Date

Daytime Phone #