


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 25 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25954					
1. Entity Name HABONIM CULTURAL CLUB-SURVIVORS OF THE HOLOCAUST INC.					
Principal Place of Business 601 THREE ISLANDS BLVD #409 HALLANDALE, FL 33009			Mailing Address 601 THREE ISLANDS BLVD #409 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GODLEWICZ, MICHAEL 601 THREE ISLANDS BLVD HALLANDALE, FL 33009				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE				Street Address (P.O. Box Number is Not Acceptable)	
Signature Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				City	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWECHER, CHARLES			NAME	
STREET ADDRESS	1904 SOUTH OCEAN DRIVE #306			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASSON, SAM			NAME	
STREET ADDRESS	178001 ATLANTIC BLVD.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH., FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERMAN, STUART			NAME	
STREET ADDRESS	9634 HARDING AVE			STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, MICHAEL			NAME	
STREET ADDRESS	2609 NE 10TH ST.			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODLEWICZ, MICHAEL			NAME	
STREET ADDRESS	601 THREE ISLANDS BLVD			STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Michael Godlewicz</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					