

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90053 014 ****66.25

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**



04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**GODLEWICZ, MICHAEL
601 THREE ISLANDS BLVD
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LIBERMAN, STUART
9634 HARDING AVE
SURFSIDE, FL 33154**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Michael Godlewicz* Michael Godlewicz ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #