

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25954

FILED
Apr 16, 2009
Secretary of State

Entity Name: HABONIM CULTURAL CLUB-SURVIVORS OF THE HOLOCAUST INC.

Current Principal Place of Business:

601 THREE ISLANDS BLVD
#409
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

601 THREE ISLANDS BLVD
#409
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0058563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GASSON, SAM
Address: 178001 ATLANTIC BLVD.
City-St-Zip: MIAMI BCH., FL

Title: SD () Delete
Name: LIBERMAN, STUART
Address: 9634 HARDING AVE
City-St-Zip: SURFSIDE, FL 33154

Title: TD () Delete
Name: GODLEWICZ, MICHAEL
Address: 601 THREE ISLANDS BLVD
City-St-Zip: HALLANDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM GASSON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date