

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27224

FILED
Mar 23, 2004
Secretary of State**Entity Name:** HOLOCAUST SURVIVORS FEDERATION OF SOUTH FLORIDA & SECOND GENERATION, INC.**Current Principal Place of Business:**C/O RUTH DESPERAK
6303 STANLEY LANE
DELRAY BEACH, FL 33484 US**New Principal Place of Business:**C/O RUTH DESPERAK
9423 ASTON GARDENS COURT APT. 204
PARKLAND, FL 33076 US**Current Mailing Address:**C/O RUTH DESPERAK
6303 STANLEY LANE
DELRAY BEACH, FL 33484 US**New Mailing Address:**C/O RUTH DESPERAK
9423 ASTON GARDENS COURT APT. 204
PARKLAND, FL 33076 US**FEI Number:** 65-0091824**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DESPERAK, RUTH
6303 STANLEY LANE
DELRAY BEACH, FL 33484 US**Name and Address of New Registered Agent:**DESPERAK, RUTH
9423 ASTON GARDENS COURT
APT 204
PARKLAND, FL 33076 US

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: RUTH DESPERAK

03/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: DESPERAK, RUTH
Address: 6303 STANLEY LANE
City-St-Zip: DELRAY BEACH, FL 33484Title: VSD () Delete
Name: SCHLUFMAN, RACHEL
Address: 1502 CAYMAN WAY, K-#2
City-St-Zip: COCONUT CREEK, FL 33066Title: FSD (X) Delete
Name: ROLIDER, MARY
Address: 6404 KINGS GATE CIR
City-St-Zip: DELRAY BEACH, FL 33484**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: DESPERAK, RUTH
Address: 9423 ASTON GARDENS COURT
City-St-Zip: PARKLAND, FL 33076Title: TRS (X) Change () Addition
Name: ROSNER, FAY
Address: 9025 NW 53 MANOR
City-St-Zip: CORAL SPRINGS, FL 33076 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RUTH DESPERAK

PD

03/23/2004

Electronic Signature of Signing Officer or Director

Date