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

## Aug 16, 2004 8:00 am Secretary of State DOCUMENT # N32204 1. Entity Name 08-16-2004 90019 021 \*\*\*\*75.00 SEPHARDIC-AMERICAN CLUB OF FLORIDA, INC. Principal Place of Business Mailing Address %IRVING YOUNG, DIRECTOR 6950 NORTHWEST 10TH PLACE C/O MORRIS FEUERMAN **02000490** 14088 CAMPANELLI MARGATE FL 33063 **DELRAY BEACH FL 33484** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State Applied For 4. FEI Number 65-0088014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEUERMAN, MORRIS Street Address (P.O. Box Number is Not Acceptable) 14088 CAMPANELLI **DELRAY BEACH FL 33484** 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE ☐ Change ☐ Delete TITLE Addition STANLEY, EIG NAME NAME 1037 LYNYHURT J STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 3 OLO 3 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition MARTINO, SHELLY NAME NAME 7739 SOUTH HAMPTON TERR STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MENAGED, ROSE NAME 2130 NW 33RD TERRACE STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33066 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change FEUERMAN, MORRIS J NAME NAME 4088 CARRPANELLI DR STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SHALOM, LOUISE NAME NAME 4332 NW 54TH ST STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SAMGREL, STELLA NAME CAMBRIDGE 2068 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** City-St-7lP CITY-ST-ZIP

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 his 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 gliber like impowered.

Date -

Daytime Phone #

FILED