

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90034 016 \*\*\*\*66.25



**DOCUMENT # N32204**

1. Entity Name

**SEPHARDIC-AMERICAN CLUB OF FLORIDA, INC.**

Principal Place of Business

%IRVING YOUNG, DIRECTOR  
 6950 NORTHWEST 10TH PLACE  
 MARGATE FL 33063

Mailing Address

C/O MORRIS FEUERMAN  
 14088 CAMPANELLI  
 DELRAY BEACH FL 33484

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0088014

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEUERMAN, MORRIS**  
**14088 CAMPANELLI**  
**DELRAY BEACH FL 33484**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, EIG	
STREET ADDRESS	1037 LYNHURT J	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	MARTINO, SHELLY	
STREET ADDRESS	7739 SOUTH HAMPTON TERR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	MENAGED, ROSE	
STREET ADDRESS	2130 NW 33RD TERRACE	
CITY-ST-ZIP	COCONUT GROVE FL 33066	
TITLE	T	<input type="checkbox"/> Delete
NAME	FEUERMAN, MORRIS J	
STREET ADDRESS	4088 CARRPANELLI DR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHALOM, LOUISE	
STREET ADDRESS	4332 NW 54TH ST	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SAMGREL, STELLA	
STREET ADDRESS	CAMBRIDGE 2068	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE BURLINSON	
STREET ADDRESS	99 IRVING YOUNG	
CITY-ST-ZIP	6950 NORTHWEST 10TH PL MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Morris Feuerman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/05*  
 DATE

501-495-1107  
 Daytime Phone #