

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34245 (3)
1. Corporation Name
ATLANTIC BENEVOLENT ASSOCIATION, INCORPORATED



Principal Place of Business
**% SY STUTZEL
1010 DOTTEREL RD. APT. 115
DELRAY BEACH FL 33444**

Mailing Address
**% SY STUTZEL
1010 DOTTEREL RD. APT. 115
DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified **09/18/1989** 3a. Date of Last Report **03/31/1995**

4. FEI Number **65-0189457** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **557 NORMANDY L**
Suite, Apt. #, etc.
22 **KINGS POINT**
City & State
23 **DELRAY FL**
Zip
24 **33484** Country
25 **USA**

2a. Mailing Address
26 **557 NORMANDY L**
Suite, Apt. #, etc.
27 **KINGS POINT**
City & State
28 **DELRAY BEACH FL**
Zip
29 **33484** Country
30 **USA**

9. Name and Address of Current Registered Agent

**STUTZEL, SY
1010 DOTTEREL RD
APT. 115
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81 Name **DAVID ALTBUCH**
82 Street Address (P.O. Box Number is Not Acceptable)
557 NORMANDY 'L'
83 **Kings Point**
84 City **DELRAY BEACH** FL 85 Zip Code **33484**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David Altbuch* **DAVID ALTBUCH** **JAN 26, 1996**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUTZEL, SY	
STREET ADDRESS	1010 DOTTEREL RD #115	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALTBUCH, DAVID	
STREET ADDRESS	557 NORMANDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, ELI	
STREET ADDRESS	559 NORMANDY L	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEINGOLD, HY	
STREET ADDRESS	6650 S ORIOLE BLVD F2103	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID ALTBUCH	
1.3 STREET ADDRESS	557 NORMANDY 'L'	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK DANER	
2.3 STREET ADDRESS	MANSFIELD 'M' 508	
2.4 CITY-ST-ZIP	BOCA RATON, FL. 33434	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HY FEINGOLD	
3.3 STREET ADDRESS	6650 S. ORIOLE BLVD. F.2103	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33446	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEITH KRONISH	
4.3 STREET ADDRESS	2500 N.W. 38th Street	
4.4 CITY-ST-ZIP	BOCA RATON, FL. 33487	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Altbuch* **DAVID ALTBUCH** **JAN 26, 1996** **407-499-1487**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)