

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90026 031 ****61.25

DOCUMENT # N34245

1. Corporation Name

ATLANTIC BENEVOLENT ASSOCIATION, INCORPORATED

Principal Place of Business

557 NORMANDY L
KINGS POINT
DELRAY FL 33484
US

Mailing Address

557 NORMANDY L
KINGS POINT
DELRAY BEACH FL 33484
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/18/1989

1. Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

4. FEI Number

Applied For

2. City & State

2c. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

3. Zip

Country

2d. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

4. Zip

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALTBUCH, DAVID
557 NORMANDY L
KINGS POINT
DELRAY BEACH FL 33484

81. Name

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

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **ALTBUCH, DAVID**
STREET ADDRESS **557 NORMANDY L**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☒ DELETE

NAME **DANER, JACK**
STREET ADDRESS **3064 EXETER D**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **FEINGOLD, HY**
STREET ADDRESS **6650 S. ORIOLE BLVD. F. 2103**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☒ DELETE

NAME **KRONISH, KEITH**
STREET ADDRESS **2500 N.W. 38TH STREET**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME **KANCIGOR, NATHAN**
STREET ADDRESS **818 NORMANDY R**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

3.1 TITLE ☒ Change ☐ Addition

NAME **OATLEY, BERNARD**
STREET ADDRESS **28255 W 13TH ST C868**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

4.1 TITLE ☒ Change ☐ Addition

NAME **WEBBER, IRVING**
STREET ADDRESS **7360 S O R I O L E B L V D**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

David Altbuch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 **561-499-1487**
Date Daytime Phone #

CR2E037 (5/99)