


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 017 ****61.25

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|--|---|--|--|
| DOCUMENT # N34245 | |  | |
| 1. Entity 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 2825 SW 13TH STREET | | 3. Mailing Address 2825 SW 13TH STREET | |
| Suite, Apt. #, etc. CB68 | | Suite, Apt. #, etc. CB68 | |
| City & State DELRAY BEACH FL | | City & State DELRAY BEACH FL | |
| Zip 33445 | Country U.S. | Zip 33445 | Country U.S. |
| 6. Name and Address of Current Registered Agent ALTBUCH, DAVID 557 NORMANDY L KINGS POINT DELRAY BEACH, FL 33484 | | 7. Name and Address of New Registered Agent Name OATLEY, BERNARD Street Address (P.O. Box Number is Not Acceptable) 2825 S.W. 13TH STREET City CB68 City DELRAY BEACH FL Zip Code 33445 | |
| 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 BERNARD OATLEY Signature, typed or printed name of registered agent and title if applicable. | | Signature <i>Bernard D. Oatley</i> (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALTBUCH, DAVID 557 NORMANDY L DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLAYMAN SAMUEL 1890 STEWART CIRCLE #5 BOCA RATON FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KANCIGOR, NATHAN 818 NORMAND R DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PORTNOY STANLEY 15365 LKS OF DELRAY BLVD DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OATLEY, BERNARD 2825 SW 13TH ST, C868 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEBBER, IRVING 7360 SO. ORIOLE BLVD DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bernard D. Oatley</i> | | Date <i>01/16/06</i> Daytime Phone # <i>561 272 0739</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

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01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0189457

Applied For
Not Applicable

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