

# 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 # N47350 (6)**

1. Corporation Name

**HANDS OF FRIENDSHIP SOCIAL CLUB, INC.**



Principal Place of Business

4739 SATINWOOD TRAIL  
COCONUT CREEK FL 33066

Mailing Address

4739 SATINWOOD TRAIL  
COCONUT CREEK FL 33066

3. Date Incorporated or Qualified  
**02/13/1992**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business  
21 **9235 N.W. 61<sup>st</sup> St.**

2a. Mailing Address  
26 **9235 N.W. 61<sup>st</sup> St.**

4. FEI Number  
**65-0315642**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State  
23 **TAMARAC-FLORIDA**

City & State  
28 **TAMARAC-FLORIDA**

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

Zip  
24 **33321-4127**

Country  
25 **U.S.A.**

Zip  
29 **33321-4127**

Country  
30 **U.S.A.**

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

9. Name and Address of Current Registered Agent

**BARBOSA, SYLVIA M.  
4739 SATINWOOD TRAIL  
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name **WALTER SUAREZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9235 N.W. 61<sup>st</sup> St.**  
83  
84 City **TAMARAC** FL 85 Zip Code **33321**

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 **Walter Suarez PRES. WALTER SUAREZ**

**3-2-96**

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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAUTERBERG, WAYNE</b>	
STREET ADDRESS	<b>4060 NW 5TH STREET</b>	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOZADA, ROSE</b>	
STREET ADDRESS	<b>1218 NW 192 TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BON, OLGA</b>	
STREET ADDRESS	<b>6050 NW 92ND AVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELLO, JOE</b>	
STREET ADDRESS	<b>672 NW 133RD WAY</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
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	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WALTER SUAREZ</b>	
1.3 STREET ADDRESS	<b>9235 N.W. 61<sup>st</sup> St.</b>	
1.4 CITY-ST-ZIP	<b>TAMARAC, FL. 33321-4127</b>	
2.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RACZKOWSKI CHARLES</b>	
3.3 STREET ADDRESS	<b>13921 MONTICELLO ST.</b>	
3.4 CITY-ST-ZIP	<b>DAVIE, FLORIDA 33325</b>	
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>RACZKOWSKI LUZ.</b>	
4.3 STREET ADDRESS	<b>13921 MONTICELLO ST.</b>	
4.4 CITY-ST-ZIP	<b>DAVIE, FLORIDA 33325</b>	
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: **Walter Suarez WALTER SUAREZ**

**3-2-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)