

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N49714**

1. Entity Name

DAVID L. SINGER MEMORIAL FOUNDATION, INC.



Principal Place of Business

19436 NE 26 AVE  
SUITE 84  
N MIAMI BEACH, FL 33180

Mailing Address

19436 NE 26 AVE  
SUITE 84  
N MIAMI BEACH, FL 33180



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0350670

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LENARD, HOWARD B.  
17011 NE 19 AVE  
N MIAMI BEACH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

000000334153  
04/17/08-80033-001 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MISHCON, JEFFREY A.
STREET ADDRESS	2132 NE 171 ST
CITY-ST-ZIP	NORTH MIAMI, FL 33162
TITLE	VD
NAME	GEFEN, IVAN
STREET ADDRESS	17578 FOX BOROUGH LN
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	STD
NAME	SMITH, EDWARD
STREET ADDRESS	1145 LINDEN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VD
NAME	SHORE, ALLEN
STREET ADDRESS	3300 NORTHPORT ROYAL DR#335
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VD
NAME	HALEM, MERRIT D DR
STREET ADDRESS	1031 IVES DAIRY RD #135
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Mishcon

04/03/2008

Date

305/940-9473

Daytime Phone #