


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 012 ****70.00

DOCUMENT # N93000000739					
1. Entity Name HEBREW FREE LOAN ASSOCIATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 18900 N.E. 25TH AVENUE MIAMI FL 33180 US			Mailing Address P.O. BOX 630362 MIAMI FL 33163-0362		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent POTASH, RICHARD J 300 N.W. 82ND AVENUE SUITE 415 PLANTATION FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		



MOORE CR2E037 (11/03)

4. FEI Number 65-0204289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINBERG, ANDREW			NAME			
STREET ADDRESS	P.O. BOX 630362			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33163			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOPMAN, GLENN			NAME			
STREET ADDRESS	2010 N.E. 198TH TERRACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, JOE DR.			NAME			
STREET ADDRESS	2485 MERIDIAN AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERLIN, LOUIS			NAME			
STREET ADDRESS	19651 N.E. 19TH PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWITT, SYDELL			NAME			
STREET ADDRESS	2335 NE 197 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33180			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MALAKOFF, RACHEL			NAME	RENEE ROSEN		
STREET ADDRESS	P.O. BOX 822897			STREET ADDRESS	3390 MARY STREET #139		
CITY-ST-ZIP	SOUTH FLORIDA FL 33062			CITY-ST-ZIP	COCONUT GROVE, FL 33133		

12. 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 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: Glenn H. Gopman **GLENN GOPMAN** 2-10-04 305-933-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #