

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005195

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: FIRST SHOMRIM OF FLORIDA, INC.

## Current Principal Place of Business:

700 SW 137TH AVENUE  
APT. 309  
PEMBROKE PINES, FL 33027 US

## New Principal Place of Business:

## Current Mailing Address:

700 SW 137TH AVENUE  
APT. 309  
PEMBROKE PINES, FL 33027 US

## New Mailing Address:

FEI Number: 65-0451903      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHUMAN, HARRY  
700 SW 137 AVE #309  
PEMBROKES PINE, FL 33027 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: AVP ( ) Delete  
Name: WEISER, LOUIS  
Address: 7725 YARDLEY DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: 2VP ( ) Delete  
Name: FRANKLIN, ALLAN  
Address: 8718 THAMES RIVER DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: SHUMAN, HARRY  
Address: 700 SW 139 AVE  
City-St-Zip: PEMBROKES PINE, FL 33027

Title: D ( ) Delete  
Name: EMANUEL, ABROMOWITZ  
Address: 7309 SOUTH DEVON DRIVE  
City-St-Zip: TAMARAC, FL 33321

Title: SAA ( ) Delete  
Name: SPIEGEL, JACK  
Address: 6051 LAPALMA LANE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: P ( ) Delete  
Name: WAKSMAN, DAVID  
Address: 18820 NE 20 AVE  
City-St-Zip: MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FINKELSTEIN, MARTIN  
Address: 12424 54TH CT  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY SHUMAN

T

03/28/2009

Electronic Signature of Signing Officer or Director

Date