


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000003750 (6)</b> 1. Corporation Name <b>DISTRICT BENEVOLENT ASSOCIATION, INC.</b>			
Principal Place of Business DURHAM T - 549 CENTURY VILLAGE DEERFIELD BEACH FL 33442		Mailing Address DURHAM T - 549 CENTURY VILLAGE DEERFIELD BEACH FL 33442	
2. Principal Place of Business 21 <b>UPMINSTER I</b> <b>DEERFIELD BEACH, FL 33442</b> Suite, Apt. #, etc. 22 <b>179</b>		2a. Mailing Address 26 <b>UPMINSTER I</b> Suite, Apt. #, etc. 27 <b>179</b>	
City & State 23 <b>DEERFIELD BEACH, FL</b> Zip 24 <b>33442</b>		City & State 28 <b>DEERFIELD BEACH, FL</b> Zip 29 <b>33442</b>	
Country 25 <b>U.S.A</b>		Country 30 <b>U.S.A</b>	
9. Name and Address of Current Registered Agent WILDFOGEL, MORRIS DURHAM T - 549 CENTURY VILLAGE DEERFIELD BEACH FL 33442			
10. Name and Address of New Registered Agent 81 Name <b>ABRAHAM SIEGEL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>179-UPMINSTER I</b> 83 <b>CENTURY VILLAGE</b> 84 City <b>DEERFIELD BEACH</b> FL 85 Zip Code <b>33442</b>			
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 <b>ABRAHAM SIEGEL - TREASURER</b> <b>ABRAHAM SIEGEL</b> <b>1/14/98</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTZMAN, LOUIS 6838 MOONLIT DRIVE DELRAY BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASS, GARY A 19914 LATONA PLACE BOCA RATON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDFOGEL, MORRIS DURHAM T-549, CENTURY VILLAGE DEERFIELD BEACH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



CR2E037 (10/97)

14. 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 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:

SIGNATURE REQUIRED

**ABRAHAM SIEGEL** **1/13/98** **954-426-3021**