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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003750

1. Corporation Name

DISTRICT BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

UPMINSTER I
#179
DEERFIELD BEACH FL 33442
US

Mailing Address

UPMINSTER I
#179
DEERFIELD BEACH FL 33442
US



2. Principal Place of Business

21 MOONLIT DRIVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 #6805

27 City & State

23 DELRAY BEACH FL

28 City & State

24 Zip 33446 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified

07/28/1994

4. FEI Number

65-0540147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SIEGEL, ABRAHAM
179-UPMINSTER-I
CENTURY VILLAGE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name STANLEY SOIREFMAN

82 Street Address (P.O. Box Number is Not Acceptable)
6805 MOONLIT DRIVE

83

84 City DELRAY BEACH FL 85 Zip Code 33446

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 Stanley Soirefman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Jan 12 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HOLTZMAN, LOUIS
STREET ADDRESS 6838 MOONLIT DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE PD ☐ DELETE
NAME GLASS, GARY A
STREET ADDRESS 19914 LATONA PLACE
CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE
NAME SIEGEL, ABRAHAM
STREET ADDRESS 179-UPMINSTER I
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STANLEY SOIREFMAN ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE FINANCIAL SECRETARY ☐ Change ☒ Addition
2.2 NAME STANLEY SOIREFMAN
2.3 STREET ADDRESS 6805 MOONLIT DRIVE
2.4 CITY-ST-ZIP DELRAY BEACH, FL. 33446

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Stanley Soirefman 1/12/99 561-498564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)