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

Abraham Siegel A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 23, 2004 8:00 am Secretary of State DOCUMENT # N94000003750 1. Entity Name 02-23-2004 90061 009 ****61.25 DISTRICT BENEVOLENT ASSOCIATION, INC. Principal Place of Business Mailing Address 179 UPMINSTER I 179 UPMINSTER I DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0540147 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ ليبداخ كبيان البيداء المترواء سيارا WEINSTRAUB, PETER B ESQ. Street Address (P.O. Box Number is Not Acceptable) 1701 W. HILLSBORO BLVD., STE. 301 DEERFIELD BEACH FL 33442 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE GLASS, GARY A NAME NAME 19914 LATONA PLACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP Charlès JParness Change Addition TITLE Delete TITLE SOIREFMAN, STANLEY Ventnor 0-3049 NAME NAME 6805 MOONLIT DRIVE STREET ADDRESS STREET ADDRESS Deerfield Beach, Fl. 33442 **DELRAY BEACH FL 33446** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SIEGEL ABRAHAM NAME NAME 179 UPMINSTER I STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE JONAS, JACOBS NAME NAME 1080 NW 15ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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.

FILED