


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90010 011 \*\*\*\*61.25

DOCUMENT # N94000003750	
1. Entity Name	
DISTRICT BENEVOLENT ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
179 UPMINSTER I DEERFIELD BEACH FL 33442 US	179 UPMINSTER I DEERFIELD BEACH FL 33442 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
65-0540147	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent
WEINTRAUB, PETER B ESQ. 1701 W. HILLSBORO BLVD., STE. 301 DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name <u>ABRAHAM SIEGEL</u>
Street Address (P.O. Box Number is Not Acceptable)
<u>179-UPMINSTER I</u>
City <u>DEERFIELD BEACH</u> FL <u>33442</u>

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 <u>ABRAHAM SIEGEL - TREASURER</u> <u>Abraham Siegel</u> 2/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, GARY A	NAME	
STREET ADDRESS	19914 LATONA PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNES, CHARLES	NAME	
STREET ADDRESS	VENTNOR 0-3049	STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGELMAN, ABRAHAM	NAME	<u>SIEGEL ABRAHAM</u>
STREET ADDRESS	179 UPMINSTER I	STREET ADDRESS	<u>179-UPMINSTER I</u>
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	CITY-ST-ZIP	<u>DEERFIELD BEACH, FL 33442</u>
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONAS, JACOBS	NAME	
STREET ADDRESS	1080 NW 15ST	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	<del>SECRETARY</del> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>RON MASLOFF</u>	NAME	<u>SECRETARY</u>
STREET ADDRESS		STREET ADDRESS	<u>3649-VENTNOR O</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>DEERFIELD BEACH, FL 33442</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<u>SECRETARY</u>
STREET ADDRESS		STREET ADDRESS	<u>RON- MASLOFF</u>
CITY-ST-ZIP		CITY-ST-ZIP	<u>4071-VENTNOR-P</u>
			<u>DEERFIELD BEACH, FL 33442</u>

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: <u>Abraham Siegel</u>	2/1/05	954-426-3021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #