

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000351 (5)

1. Corporation Name

B'NAI B'RITH M. AUREL ROSIN LODGE NO. 2004 FOUNDATION, INC.



Principal Place of Business

Mailing Address

P O BOX 5207
SARASOTA FL 34277

P O BOX 5207
SARASOTA FL 34277

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIEDLAND, RALPH L
2033 MAIN ST
SUITE 100
SARASOTA FL 34237

81 Name

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

83

84 City

Suite 100

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VP ☐ DELETE
NAME TISHMAN, MARK
STREET ADDRESS 2311 SIESTA DR
CITY-ST-ZIP SARASOTA FL 34239

1.1 TITLE D TR ☐ Change ☒ Addition
1.2 NAME Jerry Ring
1.3 STREET ADDRESS 1709 Clover Creek Dr. BR 107
1.4 CITY-ST-ZIP Sarasota, FL 34231

TITLE D PRES. ☐ DELETE
NAME FRIEDLAND, RALPH L
STREET ADDRESS 7305 CRAPE MYRTLE WAY
CITY-ST-ZIP SARASOTA FL 34241

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D SEC ☐ DELETE
NAME GREEN, EUGENE L
STREET ADDRESS 1627 WALDEMERE ST
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE D ☐ DELETE
NAME HYMAN, HAROLD
STREET ADDRESS 3103 GLENELLYN DR
CITY-ST-ZIP SARASOTA FL 34237

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

TITLE D ☐ DELETE
NAME MURZIN, LEONARD S
STREET ADDRESS 1705 CLOVER CREEK ST BR-203
CITY-ST-ZIP SARASOTA FL 34231-8929

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

TITLE D ☐ DELETE
NAME BIEBER, LESTER
STREET ADDRESS 4822 OCEAN BLVD #2B
CITY-ST-ZIP SARASOTA FL 34242

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)