

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # N95000005793

1. Entity Name
BIKUR CHOLIM OF HOLLYWOOD INC.



Principal Place of Business
**3851 N. 43RD AVENUE
HOLLYWOOD, FL 33021 US**

Mailing Address
**3851 N. 43RD AVENUE
HOLLYWOOD, FL 33021 US**



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0666442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLOOMBERG, ALLAN
3900 N. HILLS DR
#303
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GANCHROW, SAUL
STREET ADDRESS 3851 N 43RD AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VD
NAME SCHULMAN, JASON
STREET ADDRESS 4104 N 48TH AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VD
NAME NIAD, JOAN
STREET ADDRESS 4060 N HILLS DR #24
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE TD
NAME BLOOMBERG, ALLAN
STREET ADDRESS 3900 N. HILLS DR #303
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE SD
NAME HILLER, DANI
STREET ADDRESS 4000 N. 43RD AVENUE
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
NAME ABRAMSON, TED
STREET ADDRESS 3900 N. HILLS DR. #110
CITY-ST-ZIP HOLLYWOOD, FL 33021

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03/30/07-80101-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Saul M. Ganchrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

Daytime Phone #