#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005195

Entity Name: FIRST SHOMRIM OF FLORIDA, INC.

**FILED** Jan 25, 2014 **Secretary of State** CC1144050363

## **Current Principal Place of Business:**

6199 NW 10TH STREET MARGATE, FL 33063

# **Current Mailing Address:**

P.O. BOX 8115

POMPANO BEACH, FL 33075 US

FEI Number: 65-0451903 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SHUMAN, HARRY 6199 NW 10TH STREET 1ST SHOMRIM OF FLORIDA MARGATE, FL 33063 US

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.

SIGNATURE:

Title

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title TREASURER, AT LARGE Title **TREASURER** 

SHUMAN, HARRY Name Name FINKELSTEIN. MARTIN

Address 6199 NW 10TH STREET Address P.O. BOX 8115

1ST SHOMRIM OF FLORIDA

City-State-Zip: POMPANO BEACH FL 33075 MARGATE FL 33063

City-State-Zip:

Title **PRESIDENT** SAA

WAKSMAN, DAVID Name Name WAXMAN, MEL

Address 2801 NE 183RD STREET Address 31ST PLACE

**APT 1416W** 

City-State-Zip: MIAMI FL 33160-2132 City-State-Zip: SUNRISE FL 33351

Title TREASURER, EMERITUS Title VΡ ABROMOWITZ, EMANUEL Name Name LEBOWITZ, RAYMOND 6199 NW 10TH STREET Address 6199 NW 10TH STREET Address City-State-Zip: MARGATE FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN FINKELSTEIN

MARGATE FL 33063

**TREASURER** 

01/25/2014