

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005195

Entity Name: FIRST SHOMRIM OF FLORIDA, INC.

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
700 SW 137 AVE #309
PEMBROKES PINE, FL 33027 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, AT LARGE
Name SHUMAN, HARRY
Address 700 SW 139 AVE
City-State-Zip: PEMBROKES PINE FL 33027

Title TREASURER
Name FINKELSTEIN, MARTIN
Address P.O. BOX 8115
City-State-Zip: POMPANO BEACH FL 33075

Title SAA
Name WAXMAN, MEL
Address 31ST PLACE
City-State-Zip: SUNRISE FL 33351

Title PRESIDENT
Name WAKSMAN, DAVID
Address 18820 NE 20 AVE
City-State-Zip: MIAMI FL 33179

Title VP
Name LEBOWITZ, RAYMOND
Address 6199 NW 10TH STREET
City-State-Zip: MARGATE FL 33063

Title TREASURER, EMERITUS
Name ABROMOWITZ, EMANUEL
Address 6199 NW 10TH STREET
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

TREASURER

01/06/2013

Electronic Signature of Signing Officer/Director Detail

Date