2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 11, 2004 8:00 am **Secretary of State DOCUMENT # 725798** 1. Entity Name 02-11-2004 90008 042 ****61.25 THE ARTHUR I. MEYER JEWISH ACADEMY, INC. Principal Place of Business Mailing Address 3261 N. MILITARY TR WEST PALM BEACH FL 33409 3261 N. MILITARY TR WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-1491258 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINTER, ERIC Street Address (P.O. Box Number is Not Acceptable) 6 HUNTLY CIR. PALM BEACH GARDENS FL 33418 Zip Code 8. The above named entity example 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. 2-6-04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change Addition TANNENBAUM, BRUCE Shapiro David NAME NAME 5586 HUGH FLYER ROAD N STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY - ST-ZIP W.PalmBeach FL 33401 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition DEVORE, JUDY weiner, Eric NAME NAME 2325 EMBASSY DRIVE 6 Hontly Civ. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP PalmBrach Gardens FL 33418 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition WEINTER: ERIC -NAME NAME 6 HUNTLY CIR. STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CSTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of trustee employed 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 life empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: __

2-604

Daylime Phone #

FILED