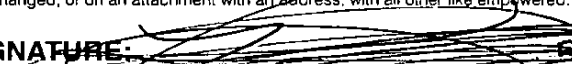


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90027 023 ****61.25

DOCUMENT # 730704 1. Entity Name JEWISH COMMUNITY CENTER OF THE GREATER PALM BEACHES, INC.					
Principal Place of Business 3151 N. MILITARY TRAIL WEST PALM BEACH, FL 33409			Mailing Address 3151 N. MILITARY TRAIL WEST PALM BEACH, FL 33409		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RICHARD COMITER 3801 PGA BLVD SUITE 604 PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LAMPERT, ARNOLD		NAME		
STREET ADDRESS	2900 LE BATEAU DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	PPD ☒ Change ☐ Addition	
NAME	DANIELS, STEVEN		NAME		
STREET ADDRESS	8651 NATIVE DANCER RD N.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	PPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SIMS, NANCY		NAME		
STREET ADDRESS	14 WYCLIFF RD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	PD ☒ Change ☐ Addition	
NAME	COMITER, RICHARD		NAME		
STREET ADDRESS	2668 NATIVE DANCER RD		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FRIEDMAN, SHELLY		NAME		
STREET ADDRESS	24 BERMUDA LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARY BETH, LEEDS		NAME		
STREET ADDRESS	8983 INDIAN RIVER RUN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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:  RICHARD B. COMITER 2/11/05 (561) 689-7100 Signature, typed or printed name of signing officer or director Date Daytime Phone #					