FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1996 8:00 am
Secretary of State

DOCUMENT # 749610 (2)

1. Corporation Name
SOUTH PALM BEACH COUNTY JEWISH FEDERATION, INC.

Principal Place of Business	Mailing Address
9901 DANNA KLEIN BLVD BOCA RATON FL 33428-8788	9901 DANNA KLEIN BLVD BOCA RATON FL 33428-8788

3. Date Incorporated or Qualified: 11/01/1979
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business	2a. Mailing Address
21 9901 DONNA KLEIN BLVD	26 9901 DONNA KLEIN BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON	City & State 28 BOCA RATON
Zip 24 33428-1788 Country 25	Zip 29 33428-1788 Country 30

4. FEI Number: 59-1945109 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GORTZ, ALBERT W
2255 GLADES ROAD
SUITE 340W
BOCA RATON FL FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	OKONOW, RICHARD		1.2 NAME	HERBERT GIMELSTOB	
STREET ADDRESS	21714 PALM CIR. #6A		1.3 STREET ADDRESS	4330 LIVE OAK BLVD	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL.	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIEMENS, RICHARD		2.2 NAME		
STREET ADDRESS	400 NORTH FEDERAL HWY., SUITE 204E		2.3 STREET ADDRESS	CK	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	LEVINE, ABNER		3.2 NAME	FRANKLIN BENAMY	
STREET ADDRESS	16858 RIVER BIRCH CIRCLE		3.3 STREET ADDRESS	3450 S. OCEAN BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	HIGHLAND BEACH FL. 33487	
TITLE	TD	☒ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME	GIMELSTOB, HERBERT		4.2 NAME	JEROME ALTHEIMER	
STREET ADDRESS	4330 LIVE OAK BLVD		4.3 STREET ADDRESS	7106 MONTRICO DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	BOCA RATON FL. 33433	
TITLE	AD	☐ DELETE	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	KIRSNER, MARVIN A		5.2 NAME		
STREET ADDRESS	250 AUSTRALIAN AVE., SOUTH, SUITE 500		5.3 STREET ADDRESS	1630 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	SD	☒ DELETE	6.1 TITLE	V/D	☐ Change ☒ Addition
NAME	ROTHSTEIN, SAM		6.2 NAME	ERIC DECKINGER	
STREET ADDRESS	5590-A VIA DELRAY #10		6.3 STREET ADDRESS	7099 VALENCIA DRIVE	
CITY-ST-ZIP	DELRAY BCH. FL		6.4 CITY-ST-ZIP	BOCA RATON FL 33433	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome H. Altheimer Jerome H. Altheimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #