

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **749610** (2)

1. Corporation Name

JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

9901 DONNA KLEIN BLVD
BOCA RATON FL 33428-8788
US

9901 DONNA KLEIN BLVD
BOCA RATON FL 33428-8788
US

2. Principal Place of Business

2a. Mailing Address

21 **9901 Donna Klein Blvd.**

Suite, Apt. #, etc.

22

23 **BOCA, Raton, FL**

Zip

24 **33428-1788**

Country

25 **USA**

26

9. Name and Address of Current Registered Agent

GORTZ, ALBERT W
2285 GLADES ROAD
SUITE 340W
BOCA RATON FL FL 33431

27 Suite, Apt. #, etc.

28

29 **BOCA Raton, FL**

Zip

30 **33428-1788**

Country

31 **USA**

32

3. Date Incorporated or Qualified

11/01/1979

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD GIMELSTOB, HERBERT**
STREET ADDRESS **4330 LIVE OAK BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **VD DECKINGER, ERIC**
STREET ADDRESS **7099 VALENCIA DR.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ DELETE

NAME **VD BENAMY, FRANKLIN**
STREET ADDRESS **3450 S OCEAN BLVD**
CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE ☐ DELETE

NAME **TD ALTHEIMER, JEROME**
STREET ADDRESS **7106 MONTRICO DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **SD KIRSNER, MARVIN A**
STREET ADDRESS **1630 NORTH FEDERAL HWY**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D GELLERT, SPENCER**
STREET ADDRESS **9901 DONNA KLEIN BLVD**
CITY-ST-ZIP **BOCA RATON FL 33428-8788**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD Gimelstob, Herbert**
1.3 STREET ADDRESS **4330 Live Oak Blvd.**
1.4 CITY-ST-ZIP **Delray Beach, FL 33445-7032**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **TD Deckinger, Eric**
2.3 STREET ADDRESS **7099 Valencia Dr.**
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **VD Solomon, Ralph**
3.3 STREET ADDRESS **2424 N. Federal Hwy. Ste 259**
3.4 CITY-ST-ZIP **Boca Raton, FL 33431**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **VD Altheimer, Jerome**
4.3 STREET ADDRESS **7106 Montrico Dr.**
4.4 CITY-ST-ZIP **Boca Raton, FL 33433**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **SD Kirsner, Marvin**
5.3 STREET ADDRESS **2255 Glades Rd. Ste 419A**
5.4 CITY-ST-ZIP **Boca Raton, FL 33431**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Spencer Gellert SIGNED

4/24/98

561-395-4535

CR2E037 (10/97)