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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **749610**

1. Corporation Name
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY, IN C.

Principal Place of Business	Mailing Address
9901 DONNA KLEIN BLVD BOCA RATON FL 33428-8788 US	9904 DONNA KLEIN BLVD BOCA RATON FL 33428-8788 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/01/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1945109 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	GIMELSTOB, HERBERT		1.2 NAME		
STREET ADDRESS	4330 LIVE OAK BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DECKINGER, ERIC		2.2 NAME		
STREET ADDRESS	7009 VALENCIA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, RALPH		3.2 NAME		
STREET ADDRESS	2424 N FEDERAL HWY, STE 259		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ALTHEIMER, JEROME		4.2 NAME	Altheimer, Jerome	
STREET ADDRESS	7106 MONTRICO DRIVE		4.3 STREET ADDRESS	7383 Orangewood Lane, #501	
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KIRSNER, MARVIN A		5.2 NAME		
STREET ADDRESS	2255 GLADES RD, STE 419A		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GELLERT, SPENCER		6.2 NAME		
STREET ADDRESS	9901 DONNA KLEIN BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428-8788		6.4 CITY-ST-ZIP		

CR2E037-(11/98)

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Jerome N. Altheimer 4/6/99 561-218-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jerome Altheimer