

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 015 ****61.25

DOCUMENT # 749610

1. Entity Name
**JEWISH FEDERATION OF SOUTH PALM BEACH
COUNTY, INC.**



Principal Place of Business
**9901 DONNA KLEIN BLVD
BOCA RATON, FL 33428-8788 US**

Mailing Address
**9901 DONNA KLEIN BLVD
BOCA RATON, FL 33428-8788 US**

20006836



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1945109

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 PD ☐ Delete
NAME ALTSCHUL, LAWRENCE
STREET ADDRESS 5828 WATERFORD
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME STRUHL, TEDDY
STREET ADDRESS 7758 TENNYSON COURT
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME SMOKLER, IRVING
STREET ADDRESS 400 S. OCEAN BLVD., #12
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☒ Addition
NAME **Ira Gerstein**
STREET ADDRESS **19140 Fox Landing Dr**
CITY-ST-ZIP **Boca Raton, FL 33434-5156**

TITLE VD ☐ Delete
NAME BERNSTEIN, WILLIAM
STREET ADDRESS 3256 ST ANNES DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WOHLGEMUTH, ILENE
STREET ADDRESS 4439 WOODFIELD BLVD.
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DEUTCH, THEODORE
STREET ADDRESS 12373 CASCADES POINTE DRIVE
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE ☐ Change ☒ Addition
NAME **Debra Halperin**
STREET ADDRESS **5882 Windsor Ter**
CITY-ST-ZIP **Boca Raton, FL 33496-2758**

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:

Ilene Wohlgemuth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #