


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90006 025 \*\*\*\*61.25

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<b>DOCUMENT # N01000005256</b>					
1. Entity Name ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.					
Principal Place of Business 9801 DONNA KLEIN BLVD. BOCA RATON, FL 33428			Mailing Address 9801 DONNA KLEIN BLVD. BOCA RATON, FL 33428		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1127438	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JUST, ALLAN 9801 DONNA KLEIN BLVD. BOCA RATON, FL 33428			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP IMMEDIATE PAST PRES. <input type="checkbox"/> Delete	TITLE	IMMEDIATE PAST PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, ED	NAME			
STREET ADDRESS	22662 LEMON TREE LANE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	COHEN, SHIRLEY	NAME			
STREET ADDRESS	21870 CARTEGENA DR.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP			
TITLE	VPD PRESIDENT <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEURRING, BEVERLY	NAME			
STREET ADDRESS	6485 ENCLAVE WAY	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE			
NAME	GOLDEN, PHYLLIS	NAME			
STREET ADDRESS	4539 BOCAIRE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MILGRAM, JERRY	NAME			
STREET ADDRESS	350 S. OCEAN BLVD., #12C	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE			
NAME	PLOUGH, MAURICE JR.	NAME			
STREET ADDRESS	21301 POWERLINE RD., #301	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	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: <i>Allan Just</i>		EXECUTIVE DIRECTOR		ALLAN JUST	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		7/2/04 (561) 852-3250	