2005 NOT-FOR-PROFIT CORPORATION

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ANNUAL REPORT				Ja	ın 20, 2	005 (08:00 A
DOCUMENT # N0100005256				<u>-</u> ^	Secre	tary o	f State
ADOLPH AND ROSE LEVIS JEWISH COMMUNITY CENTER, INC.							
Principal Place of Business Mailing Address							
		9801 DONNA KLEIN BLVD. Boca Raton, Fl 33428					
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L	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-1127438			Applied For Not Applicable
				5. Certificate of Status	Desired	\$8.75 Fee Rec	Additional julied
	6. Name and Address of Current Re	egistered Agent .	_	KKK	ingi saliji.	T. Man A	Communication of the communica
JUST, ALLAN 9801 DONNA KLEIN BLVD.				DO NO	gagasi anii. aliidii diin.		
	TON, FL 33428			IN THIS	Sand Sand	38 .86.h i	. NAEN Tuarid
				Transporting		T(* ; * , , , , , , , , , , , , , , , , ,	in a second
	a named entity submits this statement for titions of registered agent.	he purpose of changing its registe	red office or register	red agent, or both, in the	State of Florida	I am familiar v	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent an	S tile if applicable. (NOTE, Recister	ed Agent signature required	1 when remarkanni		DATE _	
	Filing Fee is \$61.25	9. Election Campaign Fina	And M. of Parties and	.00 May Be	417 æ		<u>, 1877)</u>
	Due by May 1, 2005	Trust Fund Contribution		ed to Fees			
10.	OFFIÇERS AND D	RECTORS		wind the	nal lingski		
ICILE NAME	IPP COHEN, ED		Į	2			2
STREET ADDRESS Lity-St-Zip	22662 LEMON TREE LANE BOCA RATON, FL 33428				1000000181 21,705 -8 01		61.25
TITLE	P		1	21		Tropar	
NAME STREET ADDRESS	FEURRING, BEVERLY 6485 ENCLAVE WAY						
CHY-ST-20P	BOCA RATON, FL 33496		ase and a second		A statement 2 Tribuling 1.50		
TITLE NAME	VPD		, , ,				1 24 4 7
STREET ADDRESS	GOLDEN, PHYLLIS 4539 BOCAIRE BLVD.			– pilli, žišr	TWA		
D17-57-21P	BOCA RATON, FL 33487		·· · · · · · · · · · · · · · · · ·	DO NC)I WH	IJĘ	. ,
HILE NAME	VPD PLOUGH, MAURICE JR.			IN THI	S SPA	CE	
NIREET ADDRESS	21301 POWERLINE RD., #301		· · · · · · · · · · · · · · · · · · ·				
CITY-51-2P	BOCA RATON, FL 33433	<u>-</u>		- 21 NISSANAT WWW 02.3			
hice NAME				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	, 1995 55550 35550
STREET ADDRESS	* On the Contraction of the Cont			The state of the s		in vil.	C. S. Sept.
GITY-ST-ZIP HILE							
NAME							
STREET ADDRESS City-St-Zip							Para Para Land
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12. I hereby certify that the information supplied with this filling 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:

BUNG THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-18-05

Daytime Phone If