


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90027 024 ****61.25

| | | | | | |
|--|---------------------------|--|---|---|--|
| DOCUMENT # N0100005256 | | | |  | |
| 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 | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1127438 | |
| | | | | Applied For Not Applicable | |
| 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 May 1, 2006 | | 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 | IPP | <input type="checkbox"/> Delete | TITLE | <input 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 | P | <input type="checkbox"/> Delete | TITLE | <input 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 checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | GOLDEN, PHYLLIS | | NAME | VPD | |
| STREET ADDRESS | 4539 BOCAIRE BLVD. | | STREET ADDRESS | STEPHANIE OWITZ GREENBERG | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | | CITY-ST-ZIP | 7038 NW 63RD WAY | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PLOUGH, MAURICE JR. | | NAME | | |
| STREET ADDRESS | 21301 POWERLINE RD., #301 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Allan J. Executive Director</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date _____ Daytime Phone # _____ | |