


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90330 040 \*\*\*\*61.25

<b>DOCUMENT # N03102</b> 1. Entity Name <b>CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC.</b>					
Principal Place of Business <b>2200 YAMATO ROAD BOCA RATON, FL 33431-4325</b>			Mailing Address <b>2200 YAMATO ROAD BOCA RATON, FL 33431-4325</b>		
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 <b>59-2422860</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NADEL, RENEE 7885 AYR COURT BOCA RATON, FL 33496</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GART, DAVID</b>		NAME		
STREET ADDRESS	<b>3096 NW 60TH ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINTRAUB, TONI</b>		NAME		
STREET ADDRESS	<b>21146 SHADY VISTA LANE</b>		STREET ADDRESS	<b>2520 NW 41ST STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	VPPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEINSTEIN, VICKIE</b>		NAME		
STREET ADDRESS	<b>12776 BUCKINGHAM COUR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BORG, DEAN</b>		NAME		
STREET ADDRESS	<b>2687 BW 39TH STREET</b>		STREET ADDRESS	<b>2687 NW 39TH STREET</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33434</b>		CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KANTOR, LESLIE</b>		NAME		
STREET ADDRESS	<b>6004 LE LAE ROAD</b>		STREET ADDRESS	<b>6004 LE LAE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REAMER, LESLIE</b>		NAME		
STREET ADDRESS	<b>144015 MILITARY TRAIL APT C-100</b>		STREET ADDRESS	<b>13852 VIA TORINO</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>		CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>	
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.					
<b>SIGNATURE:</b> <i>Toni Weintraub, V Pres.</i> 4/14/05 561-4886411					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					