

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 017 ****61.25

00000103



01062006 Chg-NP CR2E037 (11/05)

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|--|--|--|--|--|-----------------------------------|
| DOCUMENT # N03102 1. Entity Name CONGREGATION B'NAI ISRAEL OF BOCA RATON, INC. | | | | | |
| Principal Place of Business 2200 YAMATO ROAD BOCA RATON, FL 33431-4325 | | | Mailing Address 2200 YAMATO ROAD BOCA RATON, FL 33431-4325 | | |
| 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 59-2422860 | |
| | | | | Applied For <input type="checkbox"/> 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 | | |
| NADEL, RENEE 7885 AYR COURT BOCA RATON, FL 33496 | | | Name <u>KANTOR, LESLIE</u> Street Address (P.O. Box Number is Not Acceptable) <u>6004 LE LAC ROAD</u> City <u>BOCA RATON</u> FL Zip Code <u>33496</u> | | |
| 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> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | S GART, DAVID 3096 NW 60TH ST. BOCA RATON, FL 33496 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT WEINTRAUB, TONI 2520 NW 41ST STREET BOCA RATON, FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPPT WEINSTEIN, VICKIE 12776 BUCKINGHAM COUR BOCA RATON, FL 33496 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPPT RAPHAN, CAROL 20846 SUGARLOAF LANE BOCA RATON FL 33428 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT BORG, DEAN 2687 NW 39TH STREET BOCA RATON, FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4880 HUNTERS WAY BOCA RATON, FL 33434 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT KANTOR, LESLIE 6004 LE LAC ROAD BOCA RATON, FL 33496 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T REAMER, LESLIE 13852 VIA TORINO DELRAY BEACH, FL 33446 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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>Leslie Kantor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>1-9-06</u> | | Daytime Phone # <u>561-392-85</u> |