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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19520 (8)

1. Corporation Name

JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY, I
NC.

Principal Place of Business

Mailing Address

% E. DREW GACKENHEIMER
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417% E. DREW GACKENHEIMER
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 334173. Date Incorporated or Qualified
03/04/19873a. Date of Last Report
02/13/1996

4. FEI Number

59-2120896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME KATZ, BURTON M.
STREET ADDRESS 6572 EASTPOINTE PINES
CITY-ST-ZIP PALM BCH GARDENS FL1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME GACKENHEIMER, DREW E
STREET ADDRESS 128 W VILLAGE WAY
CITY-ST-ZIP JUPITER FL2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME BERMAN, SYLVIA
STREET ADDRESS 44 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE P ☐ DELETENAME GOLDBLUM, NORMAN P.
STREET ADDRESS 109 EVERGLADES AVE
CITY-ST-ZIP PALM BCH FL4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE S ☐ DELETENAME LUDWIG, DOROTHY
STREET ADDRESS 13490 CROSS POINTE DR
CITY-ST-ZIP PALM BEACH GARDENS FL5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE T ☒ DELETENAME SHAPIRO, SAM
STREET ADDRESS 2 NORTH BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL6.1 TITLE ☒ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

BERG, BARRY S.
2809 EMBASSY DRIVE
WEST PALM BEACH, FL

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if unchanged, or in an attachment with an address.

SIGNATURE:

E. DREW GACKENHEIMER

2-17-97

561-471-5111

CR2E037 (9/96)