

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90035 050 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000005653**

1. Corporation Name  
**BOCA RATON JEWISH COMMUNITY DAY SCHOOL, INC.**

Principal Place of Business 6261 SW 18TH ST BOCA RATON FL 33433	Mailing Address % HUDEN BARNETT 200 E BROWARD BLVD STE. 1500 FT LAUDERDALE FL 33301
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1 2 6 9 1 2 4 \*  
 259124-90046-22



2. Principal Place of Business 21 21011 95th Ave South 22 Suite, Apt. #, etc.	2a. Mailing Address 26 21011 95th Ave. South 27 Suite, Apt. #: etc.	3. Date Incorporated or Qualified 12/16/1993
23 City & State Boca Raton FL	28 City & State Boca Raton FL	4. FEI Number 65-0489297 Applied For: Not Applicable
24 Zip 33478	25 Country USA	29 Zip 33428
30 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KATZ, THOMAS O 200 E BROWARD BLVD FT LAUDERDALE FL 33301	10. Name and Address of New Registered Agent 81 Name Elise Dolgow 82 Street Address (P.O. Box Number is Not Acceptable) 21011 95th Ave. South 83 84 City Boca Raton FL 33428 85 Zip Code 33428
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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 *Elise Dolgow* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME KATZ, THOMAS O	1.1 TITLE TD	1.2 NAME Ted Struhl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 200 E BROWARD BLVD SUITE 1500	CITY-ST-ZIP FT LAUDERDALE FL 33301	1.3 STREET ADDRESS 17891 LAKE ESTATES DRIVE.	1.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME MICHAUD, DEBRA S	2.1 TITLE D	2.2 NAME Howard Dubosar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 33 SE 8TH STREET	CITY-ST-ZIP BOCA RATON FL 33432	2.3 STREET ADDRESS 10624 MENDOCINO LANE	2.4 CITY-ST-ZIP BOCA RATON, FL 33428
TITLE D <input checked="" type="checkbox"/> DELETE	NAME MICHAUD, SCOTT	3.1 TITLE PD	3.2 NAME Elise Dolgow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 33 SE 8TH STREET	CITY-ST-ZIP BOCA RATON FL 33432	3.3 STREET ADDRESS 21011 95th AVE. SOUTH	3.4 CITY-ST-ZIP BOCA RATON, FL 33428
TITLE Resident <input type="checkbox"/> DELETE	NAME Elise Dolgow	4.1 TITLE D	4.2 NAME Daniel Weiss <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 21011 95th Ave South	CITY-ST-ZIP Boca Raton FL 33428	4.3 STREET ADDRESS 7839 CUMMINGS LANE	4.4 CITY-ST-ZIP BOCA RATON, FL 33483
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elise Dolgow* DATE: 2/10/99 DAYTIME PHONE: 561-416-9467

CR2E037 (11/98)