

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90005 041 ****61.25

DOCUMENT # N93000005653
 1. Entity Name
BOCA RATON JEWISH COMMUNITY DAY SCHOOL, INC.



Principal Place of Business: **21011 95TH AVE SOUTH BOCA RATON FL 33428**
 Mailing Address: **21011 95TH AVE SOUTH BOCA RATON FL 33428**

J4017610



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **65-0489297**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEBOSAR, HOWARD
%BOCA RATON JEWISH COMM DAY SCH
21011 95TH AVE SOUTH
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: DUBOSAR, HOWARD STREET ADDRESS: 10624 MENDOCINO LANE CITY-ST-ZIP: BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: WEISS, DANIEL STREET ADDRESS: 7839 CUMMINGS LANE CITY-ST-ZIP: BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE: TD NAME: HARRIS, JEFFREY STREET ADDRESS: 21011 95 AVE SOUTH CITY-ST-ZIP: BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE: SD NAME: SPEKTOR, ELLEN STREET ADDRESS: 21011 95 AVE SOUTH CITY-ST-ZIP: BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: HINDY RUBIN STREET ADDRESS: 7528 CHESTER TERRACE CITY-ST-ZIP: BOCA RATON, FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MERCEDES FROHLINGER STREET ADDRESS: 7513 LARGO WAY CITY-ST-ZIP: BOCA RATON, FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Handwritten Signature]* **2/28/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____