


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N96000003862 (7)**

1. Corporation Name

JEWISH INSTITUTE FOR THE ARTS, INC.



| | |
|--|--|
| Principal Place of Business 9557 INSLAMORADA TERRACE BOCA RATON FL 33496 | Mailing Address 9557 INSLAMORADA TERRACE BOCA RATON FL 33496 |
|--|--|

3. Date Incorporated or Qualified
07/23/1996

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-0689674 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**GOLDBERG, SHALOM J
9557 INSLAMORADA TERRACE
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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]* **Shalom Goldberg, President** **4/22/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOLDBERG, SHALOM J | |
| STREET ADDRESS | 9557 INSLAMORADA TERRACE | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | GOLDBERG, CHAIM | |
| STREET ADDRESS | 9557 ISLAMORADA TERRACE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOLDBERG, RACHEL | |
| STREET ADDRESS | 9557 INSLAMORADA TERRACE | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JUDITH SPERLING | |
| 1.3 STREET ADDRESS | 3995 N. DIXIE HWY #3 | |
| 1.4 CITY-ST-ZIP | BOCA RATON FL 33496 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | HARVEY CANTOR, PHD | |
| 2.3 STREET ADDRESS | 6100 PINE LAKE | |
| 2.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33497 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | MAYER SWIATLO | |
| 3.3 STREET ADDRESS | 4014 GUILFORD A | |
| 3.4 CITY-ST-ZIP | CENTURY VILLAGE BOCA RATON, FL 33496 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MICHAEL WAGRATER | |
| 4.3 STREET ADDRESS | 494 ELM AVE | |
| 4.4 CITY-ST-ZIP | NORMAN, OK 73069 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 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.

SIGNATURE: *[Signature]* **Shalom Goldberg, President** **4/22/98 (561) 750-9773**

CR2E037 (10/97)