CC1145257479								
Current Principal Place of Business:								
5225 HOOD RD.								
PALM BEACH GARDENS, FL 33418								
Current Mailing Address:								
Current Mailing Address:								
5225 HOOD	RD. CH GARDENS, FL 33418 US							
	ITGARDENS, FE 33410 03							
FEI Number	: 59-1491258	Certificate of Status Desired: Yes						
Name and Address of Current Registered Agent:								
SHULMAN, JEF								
5225 HOOD RE).							
PALM BEACH	GARDENS, FL 33418 US							
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida.					
SIGNATURE	E: JEFFREY SHULMAN	-	04/07/2017					
	Electronic Signature of Registered Agent		Date					
Officer/Dire	ctor Detail ·							
Title	TRUSTEE	Title	TRUSTEE					
Name	LEIBOWITZ, MIKI	Name	LICKSTEIN, DAVID DR.					
Address	5225 HOOD RD.	Address	5225 HOOD RD.					
	PALM BEACH GARDENS FL 33418	City-State-Zip:						
City-State-Zip.	FALM BEACH GARDENS FL 33410	City-State-Zip.	TALM BEACH GARDENS TE 33410					
Title	PRESIDENT	Title	TRUSTEE					
Name	SHULMAN, JEFFREY	Name	BERG, SOCKI					
Address	5225 HOOD RD.	Address	5225 HOOD RD.					
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418					
		Title	TRUSTEE					
Title	TRUSTEE	Name						
Name	COMITER, ANDREW							
Address	5225 HOOD RD.	Address	5225 HOOD RD.					
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418					
Title	VP	Title	SECRETARY					
Name	LAMPERT, ANTHONY	Name	LEVINE, SHERRI					
Manie								

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725798

Entity Name: THE ARTHUR I. MEYER JEWISH ACADEMY, INC.

5225 HOOD RD.

City-State-Zip: PALM BEACH GARDENS FL 33418

Address

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE		CFO	

Electronic Signature of Signing Officer/Director Detail

5225 HOOD RD.

City-State-Zip: PALM BEACH GARDENS FL 33418

Address

FILED Apr 07, 2017 Secretary of State CC1145257479

Officer/Director Detail Continued :

City-State-Zip: PALM BEACH GARDENS FL 33418

Title	TRUSTEE	Title	TRUSTEE
Name	MILLER, HARRIET	Name	ROSENTHAL, STEVEN
Address	5225 HOOD RD.	Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
		T :0 -	
Title	TREASURER	Title	CFO
Name	TART, JEFFREY	Name	MCCORD, JOYCE
Address	5225 HOOD RD.	Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
Title	INTERIM HEAD OF SCHOOL		
Name	SCWARTZ, MAYA		
Address	5225 HOOD RD.		