

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725798

Entity Name: THE ARTHUR I. MEYER JEWISH ACADEMY, INC.**Current Principal Place of Business:**5225 HOOD RD.
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**5225 HOOD RD.
PALM BEACH GARDENS, FL 33418 US**FEI Number: 59-1491258****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LICKSTEIN, DAVID DR.
5225 HOOD RD.
PALM BEACH GARDENS, FL 33418 US*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.***SIGNATURE: DR. DAVID LICKSTEIN****02/23/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	MULLEN, EDWARD
Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER
Name	REITMAN, ANDREW
Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	BERG, ZACHARY
Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	LEIBOWITZ, MIKI
Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	P
Name	LICKSTEIN, DAVID DR.
Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	SISKIN, PHILLIP
Address	5225 HOOD RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: DR. DAVID LICKSTEIN**PRESIDENT****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date