

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749610

Entity Name: JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY, INC.**Current Principal Place of Business:**9901 DONNA KLEIN BLVD
BOCA RATON, FL 33428-8788**Current Mailing Address:**9901 DONNA KLEIN BLVD
BOCA RATON, FL 33428-8788 US**FEI Number:** 59-1945109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GORTZ, ALBERT W
2255 GLADES ROAD
SUITE 340W
BOCA RATON, FL 33431 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIR
Name	GOLDBERG, ARTHUR
Address	16360 MADDALENA PL
City-State-Zip:	DELRAY BEACH FL 33446

Title	VC
Name	HALPERIN, DEBRA
Address	5882 WINDSOR TER
City-State-Zip:	BOCA RATON FL 33496

Title	T
Name	STEINBERG, RICHARD
Address	4450 NW 24TH TER
City-State-Zip:	BOCA RATON FL 33431

Title	ASSISTANT SECRETARY
Name	FINCH, WESLEY
Address	3625 CARLTON PLACE
City-State-Zip:	BOCA RATON FL 33496

Title	COO
Name	LOWELL, MEL
Address	9901 DONNA KLEIN BLVD
City-State-Zip:	BOCA RATON FL 33428

Title	PRESIDENT & CEO
Name	LEVIN, MATHEW
Address	9901 DONNA KLEIN BLVD
City-State-Zip:	BOCA RATON FL 33428

Title	SECRETARY
Name	GORTZ, ALBERT
Address	7565 BELLA VERDE WAY
City-State-Zip:	DELRAY BEACH FL 33446

Title	ASSISTANT TREASURER
Name	DROWOS, BRYAN
Address	17807 CADENA DR
City-State-Zip:	BOCA RATON FL 33496

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: MEL LOWELL - JEWISH FED OF SPBC

COO

04/09/2019

Electronic Signature of Signing Officer/Director Detail_____
Date