

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005838

**Entity Name:** CONGREGATION SHAAREI KODESH OF BOCA RATON, INC.

**FILED**  
**Mar 20, 2018**  
**Secretary of State**  
**CC4566659579**

**Current Principal Place of Business:**

19785 HAMPTON DR  
SUITE # 4  
BOCA RATON, FL 33434

**Current Mailing Address:**

19785 HAMPTON DR  
SUITE # 4  
BOCA RATON, FL 33434 US

**FEI Number: 20-1284887**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MURSTEIN, MARJORIE  
2297 NW 55TH ST  
BOCA RATON, FL 33496 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 CO- PRESIDENT, / D

Name RICHMAN, JUDITH

Address 19109 STREAMSIDE CT

City-State-Zip: BOCA RATON FL 33498

Title CO-PRESIDENT /D

Name RAPHAN, CAROL

Address 20846 SUGARLOAF LANE

City-State-Zip: BOCA RATON FL 33428

Title CONGREGATIONAL DIRECTOR

Name KRISTOL, KATHRYN

Address 4165 NW 55TH PLACE

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: KATHRYN KRISTOL**

**CONGREGATIONAL  
DIRECTOR**

**03/20/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date