

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004770

**FILED**  
**May 28, 2019**  
**Secretary of State**  
**5127921512CC**

**Entity Name:** BOCA JEWISH CENTER INC.

**Current Principal Place of Business:**

21065 POWERLINE ROAD  
C-17  
BOCA RATON, FL 33433

**Current Mailing Address:**

21065 POWERLINE ROAD  
C-17  
BOCA RATON, FL 33433 US

**FEI Number:** 27-4850965

**Certificate of Status Desired:** Yes

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

LUTZ, ELI  
21065 POWERLINE RD  
BOCA RATON, FL 33433 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            PRESIDENT  
Name            TRAURING, CHARLES MAURICE  
Address        21065 POWERLINE ROAD  
                  C-17  
City-State-Zip: BOCA RATON FL 33433

Title            DIRECTOR  
Name            NEUSTEIN, CANDY  
Address        21065 POWERLINE ROAD  
                  C-17  
City-State-Zip: BOCA RATON FL 33433

Title            VP  
Name            SPIER, RADINE  
Address        21065 POWERLINE ROAD  
                  C-17  
City-State-Zip: BOCA RATON FL 33433

Title            TD  
Name            LUTZ, ELI  
Address        21065 POWERLINE RD #C17  
City-State-Zip: BOCA RATON FL 33433

Title            D  
Name            BRANDRISS, DR. MARC  
Address        21065 POWERLINE RD #C17  
City-State-Zip: BOCA RATON FL 33433

Title            D  
Name            KANDEL, SOL  
Address        21065 POWERLINE ROAD  
                  C-17  
City-State-Zip: BOCA RATON FL 33433

Title            D, VP  
Name            SHARP, JOE  
Address        21065 POWERLINE ROAD  
                  C-17  
City-State-Zip: BOCA RATON FL 33433

Title            D  
Name            STRUHL, WARREN  
Address        21065 POWERLINE ROAD  
                  C-17  
City-State-Zip: BOCA RATON FL 33433

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*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. CHARLES TRAURING

**PRESIDENT**

**05/28/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SD  
Name COHEN, BRUCE  
Address 21065 POWERLINE ROAD  
C-17  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name FINE, GAIL  
Address 21065 POWERLINE ROAD  
C-17  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name YUDEWITZ, RACHEL  
Address 21065 POWERLINE ROAD  
C-17  
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR  
Name GAFRI, RAANAN  
Address 21065 POWERLINE ROAD  
C-17  
City-State-Zip: BOCA RATON FL 33433