

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004770

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC8451984333**

**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

**FEI Number:** 27-4850965

**Certificate of Status Desired:** No

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

SPIER, JONATHAN  
21065 POWERLINE RD  
C-17  
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:** JONATHAN SPIER

03/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	ELEFANT, JACOB
Address	7119 VIA MARBELLA
City-State-Zip:	BOCA RATON FL 33433
Title	SECRETARY
Name	KANDEL, VIVIAN
Address	21065 POWERLINE ROAD C-17
City-State-Zip:	BOCA RATON FL 33433
Title	TREASURER
Name	SPIER, JONATHAN
Address	7400 NE ORCHID BAY TERRACE
City-State-Zip:	BOCA RATON FL 33487
Title	DIRECTOR
Name	LINDENBERG, DANIEL
Address	21065 POWERLINE ROAD C-17
City-State-Zip:	BOCA RATON FL 33433

Title	DIRECTOR
Name	GOLDEN, LINDA
Address	7369 ORANGWOOD LANE, APT 207B
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	DIRECTOR
Name	COHEN, BRUCE
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

**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:** JONATHAN SPIER

TREASURER

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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