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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730704
 1. Corporation Name
JEWISH COMMUNITY CENTER OF THE GREATER PALM BEACH HES, INC.

Principal Place of Business 3151 N. MILITARY TRAIL WEST PALM BEACH FL 33409	Mailing Address.. 3151 N. MILITARY TRAIL WEST PALM BEACH FL 33409
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/18/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1582799
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RICHARD COMITER 250 AUSTRALIAN AVE S WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name Richard Comiter 82 Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Avenue, #800 83 84 City West Palm Beach FL 85 Zip Code 33401
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REICH, BRIAN	1.2 NAME	Howard Levy
STREET ADDRESS	326 JUPITER LAKES BLVD. #2318D	1.3 STREET ADDRESS	440 Columbia Drive
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, STEVE	2.2 NAME	
STREET ADDRESS	8651 NATIVE DANCER RD N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Past President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, NANCY	3.2 NAME	
STREET ADDRESS	14 WYCLIFF RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMITER, RICHARD	4.2 NAME	
STREET ADDRESS	2668 NATIVE DANCER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, STACEY	5.2 NAME	
STREET ADDRESS	4 SHANNON CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Sims (561) 689-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)