## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730704** 

FILED Jan 22, 2010 Secretary of State

Entity Name: JEWISH COMMUNITY CENTER OF THE GREATER PALM BEACHES, INC.

Current Principal Place of Business: New Principal Place of Business:

3151 N. MILITARY TRAIL 8500 JOG ROAD

WEST PALM BEACH, FL 33409 US BOYNTON BEACH, FL 33472 US

Current Mailing Address: New Mailing Address:

3151 N. MILITARY TRAIL 4803 PGA BLVD

WEST PALM BEACH, FL 33409 US PALM BEACH GARDENS, FL 33418 US

FEI Number: 59-1582799 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

RICHARD COMITER BOYKIN, JOHN D

3801 PGA BLVD 515 NORTH FLAGLER DRIVE

SUITE 604 SUITE 1900

PALM BEACH GARDENS, FL 33410 US WEST PALM BEACH, FL 33401 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: JOHN D. BOYKIN 01/22/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: PD

Name: LEVY, STACEY K MS. Address: 15220 PALMWOOD ROAD

City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VD

Name: HOFFMAN, HELEN MS.
Address: 150 BRADLEY PLACE
City-St-Zip: PALM BEACH, FL 33480 US

Title: VD

Name: LICKSTEIN, LISA MS. Address: 407 VIA PLACITA

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: PPD

Name: FRIEDMAN, SHELLY B MS. Address: 24 BERMUDA LAKE DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: TD

Name: LAMPERT, ANTHONY MR.
Address: 788 HARBOUR ISLES COURT
City-St-Zip: NORTH PALM BEACH, FL 33410 US

Title: SD

Name: PERTNOY, RON MR.
Address: 3222-C COMMERCE WAY

City-St-Zip: WEST PALM BEACH, FL 33407 US

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: STACEY K. LEVY PD 01/22/2010