

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733356

FILED
Jan 09, 2009
Secretary of State

Entity Name: NORTHERN PALM BEACH COUNTY JEWISH COMMUNITY CENTER, INC.

Current Principal Place of Business:

4657 HOOD ROAD
PALM BCH GARDENS, FL 334188914

New Principal Place of Business:

Current Mailing Address:

4657 HOOD ROAD
PALM BCH GARDENS, FL 334188914

New Mailing Address:

FEI Number: 51-0164241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, SUSANN C
4657 HOOD ROAD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIPPER, IRWIN
Address: 3220 MONET DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD () Delete
Name: LUBECK, JOSEPH
Address: 607 HERMITAGE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD () Delete
Name: KOHN, AMY
Address: 11659 LAKE SHORE DRIVE
City-St-Zip: N PALM BEACH, FL 33408

Title: VD () Delete
Name: FAYNE, LINDA
Address: 96 ST GEORGE STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: ZANE, JEFFREY P
Address: 177 SATINWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: BROOKS, CHARLES
Address: 760 SEAVIEW DRIVE
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BERKE, SONIA
Address: 153 WINDWARD DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IRWIN SHIPPER

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date