FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735316 (2)

1. Corporation Name

CONGREGATION AITZ CHAIM OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
2518 N HAVERHILL RD WEST PALM BCH FL 33417	2518 N HAVERHILL RD WEST PALM BCH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1976
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1856803 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SILVERMAN, STUART M.
415 5TH ST.
CENTURY VILLAGE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	SD	11 TITLE	☐ Change ☐ Addition
NAME	HORN, HARRY	12 NAME	
STREET ADDRESS	CENTURY VILLAGE	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	NUSSBAUM, JAKE	22 NAME	
STREET ADDRESS	CENTURY VILLAGE	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	T. ☑ Change ☐ Addition
NAME	ROMBRO, MORRIS	32 NAME	HERBERT FURMAN
STREET ADDRESS	2741 VILLAGE BLVD #103	33 STREET ADDRESS	205 COVENTRY I
CITY-ST-ZIP	WEST PALM BCH, FL 00000	34 CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	SD	41 TITLE	T ☑ Change ☐ Addition
NAME	BEKER, RUTH	42 NAME	HERSKOVITS, WILLY
STREET ADDRESS	CENTURY VILLAGE	43 STREET ADDRESS	409 GREENBRIAR
CITY-ST-ZIP	WEST PALM BCH, FL 00000	44 CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	T	51 TITLE	T ☑ Change ☐ Addition
NAME	COHEN, JULIUS	52 NAME	SIDNEY SPIEGEL
STREET ADDRESS	165 SUNSHINE BLVD.	53 STREET ADDRESS	STRATFORD 7 A
CITY-ST-ZIP	ROYAL PALM BEACH FL	54 CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	COHEN, MEYER	62 NAME	
STREET ADDRESS	CENTURY VILLAGE	63 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Harry Horn — 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Fin Sec

0011664

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **735435** (0)

1. Corporate Name

FRIENDS OF RETARDED, INC.

APPROVED
AMD
FILED
9:25
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% HELENE DICKLER 4471 LUXEMBURG CT LAKE WORTH FL 33467	% HELENE DICKLER 4471 LUXEMBURG CT LAKE WORTH FL 33467

3. Date Incorporated or Qualified: 03/31/1976
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2117685 (Applied For / Not Applicable)
5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)3 Tax Exempt Status: ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under F.S. 199.032 Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip / 24 County	28 Zip / 29 County
25	30

9. Name and Address of Current Registered Agent

DICKLER, HELENE
4471 LUXEMBURG CT.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1408, 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 607.0505, Florida Statutes.

SIGNATURE (If changing Registered Agent, this must be signature of new Registered Agent) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ☒ Change ☐ Addition
TITLE P NAME WEINPRESS, CHARLOTTE STREET ADDRESS 3178 VIA POINCIANA CITY, ST, ZIP LAKE WORTH FL 33467	TITLE Vice President NAME Tenzer, Rose STREET ADDRESS 3591 Birdie Drive CITY, ST, ZIP Lake Worth, Fl ☐ Change ☐ Addition
TITLE D NAME BECKOFF, PAULINE STREET ADDRESS 3597 BIRDIE DRIVE CITY, ST, ZIP LAKE WORTH FL	☐ Change ☐ Addition
TITLE Director NAME SEGAL, MAE STREET ADDRESS 4832 ESEDRA CT. CITY, ST, ZIP LAKE WORTH FL	☐ Change ☐ Addition
TITLE T NAME DICKLER, HELENE STREET ADDRESS 4471 LUXEMBURG CT. CITY, ST, ZIP LAKE WORTH FL	☐ Change ☐ Addition
TITLE D NAME TRACHTENBERG, ELEANOR STREET ADDRESS 4702 FOUNTAIN DRIVE CITY, ST, ZIP LAKE WORTH, FL 00000	☐ Change ☐ Addition
TITLE D NAME KLEIMAN, MILDRED STREET ADDRESS 4110 TIVOLI CT. CITY, ST, ZIP LAKE WORTH FL	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is absolutely forthright and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helene S. Dickler — Helene S. Dickler 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

407-967-4880
Daytime Phone #

0051097