

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90084 032 ****61.25

DOCUMENT # 735316

1. Entity Name

CONGREGATION AITZ CHAIM OF WEST PALM BEACH, INC.



Principal Place of Business

2518 N HAVEHILL RD
W PALM BEACH FL 33417
US

Mailing Address

2518 N HAVERHILL RD
WEST PALM BCH FL 33417

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1856803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORMAN, HERBERT
205 COVENTRY I
WEST PALM BEACH-FL-33417

7. Name and Address of New Registered Agent

Name ☒ SUTOFKY, GERALD

Street Address (P.O. Box Number is Not Acceptable)
310 WELLINGTON E

City WEST PALM BEACH

FL

Zip Code
33417

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SUTOFKY, GERALD
STREET ADDRESS 310 WELLINGTON EAST
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE D ☐ Delete
NAME KATZ, ZOLTAN
STREET ADDRESS 172 CHATHAM I
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE T ☒ Delete
NAME LOWENSTEIN, GEORGE
STREET ADDRESS 5 HASTINGS A
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME LEWIS, TOBY
STREET ADDRESS 4241 LARCH AVE.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald Sutofsky 561-640 6944