

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CORRECTED VERSION

DOCUMENT # 736325

1. Entity Name  
BOYNTON BEACH JEWISH CENTER BETH KODESH,  
INC.



Principal Place of Business  
501 NE 26TH AVE  
BOYNTON BCH, FL 33435

Mailing Address  
501 NE 26TH AVE  
BOYNTON BCH, FL 33435

FILED

07 OCT 19 AM 7:43

CLERK OF STATE  
TALLAHASSEE, FLORIDA



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

3. Mailing Address

01312007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-1680041

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAAS, ROY H  
8200 LAKESHORE DR  
LAKE WORTH, FL 33462

7. Name and Address of New Registered Agent

Name ROBERT ROSENTHAL

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

2600 NE 1ST LANE #104

City BOYNTON BEACH

FL 33435

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

*Robert Rosenthal*

ROBERT ROSENTHAL

10/2/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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	P	<input checked="" type="checkbox"/> Delete
NAME	HAAS, ROY H	
STREET ADDRESS	8200 LAKESHORE DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33462	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FARKAS, ARTHUR	
STREET ADDRESS	11626 LASANO DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	FVP	<input checked="" type="checkbox"/> Delete
NAME	GORIN, AMY	
STREET ADDRESS	5204 M EUROPA DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KURTZMAN, JAMES	
STREET ADDRESS	9872 LEMONWOOD WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ROBERT ROSENTHAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2600 NE 1ST LANE #104	
STREET ADDRESS	BOYNTON BEACH, FL 33435	
CITY-ST-ZIP		
TITLE	JAMES KURTZMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9872 LEMONWOOD WAY	
STREET ADDRESS	BOYNTON BEACH, FL 33437	
CITY-ST-ZIP		
TITLE	MARK SHERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10035 NW 54TH PLACE	
STREET ADDRESS	CORAL SPRINGS, FL 33076	
CITY-ST-ZIP		
TITLE	JERRY BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9778 VIA VERGA ST.	
STREET ADDRESS	LAKE WORTH, FL 33467	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

*Robert Rosenthal*

ROBERT ROSENTHAL

10/2/07

515 869428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #