


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 010 ****61.25

DOCUMENT # <input type="checkbox"/> 752445			
1. Entity Name <input type="checkbox"/> Young Israel of Deerfield Beach, Inc.			
Principal Place of Business 202 Century Blvd. Deerfield Beach, FL 33442		Mailing Address 202 Century Blvd. Deerfield Beach, FL 33442	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <input type="checkbox"/> Melvin Frankel <input type="checkbox"/> 136 Upminster F <input type="checkbox"/> Deerfield Beach, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>M. Frankel</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Melvin Frankel PD STREET ADDRESS <input type="checkbox"/> 136 Upminster F CITY-ST-ZIP <input type="checkbox"/> Deerfield Beach, FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Sheldon Behr VPD STREET ADDRESS <input type="checkbox"/> 255 Richmond F CITY-ST-ZIP <input type="checkbox"/> Deerfield Beach, FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Joel Saibel VPD STREET ADDRESS <input type="checkbox"/> 1 Upminster A CITY-ST-ZIP <input type="checkbox"/> Deerfield Beach, FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Aaron Brand Treas. D STREET ADDRESS <input type="checkbox"/> 3038 Swansea B CITY-ST-ZIP <input type="checkbox"/> Deerfield Beach, FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Gerald Snyder Secy D STREET ADDRESS <input type="checkbox"/> 3024 Upminster K CITY-ST-ZIP <input type="checkbox"/> Deerfield Beach, FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Dorothy Gross Secy D STREET ADDRESS <input type="checkbox"/> 84 Westbury D CITY-ST-ZIP <input type="checkbox"/> Deerfield Beach, FL 33442	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Melvin Frankel</u> <u>M Frankel</u>		Date <u>2/1/05</u> Daytime Phone # <u>954-571-3904</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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Chg-NP CR2E037 (10/03)

4. FEI Number 59-2020923 Applied For Not Applicable

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