

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90063 043 ****61.25

DOCUMENT # N01000005256

1. Entity Name
**ADOLPH AND ROSE LEVIS JEWISH COMMUNITY
CENTER, INC.**



Principal Place of Business
**9801 DONNA KLEIN BLVD.
BOCA RATON, FL 33428**

Mailing Address
**9801 DONNA KLEIN BLVD.
BOCA RATON, FL 33428**

40041000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-1127438

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

7. Name and Address of New Registered Agent

**JUST, ALLAN
9801 DONNA KLEIN BLVD.
BOCA RATON, FL 33428**

Name **MARTIN L. Schneer**
Street Address (P.O. Box Number is Not Acceptable)
9801 Donna Klein Blvd
Boca
City **BOCA RATON** FL **33428**

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

Martin L. Schneer
MARTIN L. Schneer

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete
NAME **COHEN, ED**
STREET ADDRESS **22662 LEMON TREE LANE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Fred Gallano**
STREET ADDRESS **6685 Woodbridge Dr #7**
CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE **1PP** ☐ Delete
NAME **FEURRING, BEVERLY**
STREET ADDRESS **6485 ENCLAVE WAY**
CITY-ST-ZIP **BOCA RATON, FL 33496**

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

TITLE **VPD** ☐ Delete
NAME **GREENBERG, STEPHANIE O**
STREET ADDRESS **7038 NW 63RD WAY**
CITY-ST-ZIP **PARKLAND, FL 33067**

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

TITLE **P** ☐ Delete
NAME **PLOUGH, MAURICE JR.**
STREET ADDRESS **21301 POWERLINE RD., #301**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **PD** ☒ Change ☐ Addition
NAME **Maurice D. Plough, Jr**
STREET ADDRESS **21301 Powerline Road #303**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Martin L. Schneer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/08 561-852-3250