

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90346 002 ****61.25

DOCUMENT # N01000005609

1. Entity Name
DONNA KLEIN JEWISH ACADEMY, INC.



Principal Place of Business
9701 DONNA KLEIN BLVD.
BOCA RATON, FL 33428

Mailing Address
9701 DONNA KLEIN BLVD.
BOCA RATON, FL 33428

14015399



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1129890

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

SHAFFER, MARK
9701 DONNA KLEIN BLVD.
BOCA RATON, FL 33428

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

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, 2004

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 PT
NAME GREENBERG, ROBERT ☐ Delete
STREET ADDRESS 7038 NW. 63RD WAY
CITY-ST-ZIP PARKLAND, FL 33067

TITLE D
NAME FELLER, KAREN ☒ Delete
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE T
NAME LEVITT, MICHAEL ☐ Delete
STREET ADDRESS 6024 LE LAC ROAD
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE S
NAME ZAFRAN, LESLEY ☐ Change ☒ Addition
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

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

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

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:

Robert Greenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Greenberg

4/28/2004

(561) 852-3300

Date

Daytime Phone #