

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


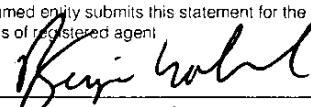
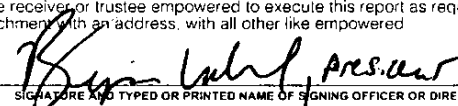
FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 004 ****61.25

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03122006 Chg-NP CR2E037 (11/05)

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|---|---|--|---|---|--|
| DOCUMENT # N03000007494 | | | |  | |
| 1. Entity Name THE HEBREW ACADEMY OF PALM BEACH, INC. | | | | | |
| Principal Place of Business 120 NORTH COUNTY ROAD PALM BEACH, FL 33480 US | | | Mailing Address P.O. BOX 91 PALM BEACH, FL 33480 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1059906 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WOHL, BENJAMIN J 120 NORTH COUNTY ROAD PALM BEACH, FL 33480 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 1901 N. Flagler Drive City West Palm Beach FL Zip Code 33407 | |
| 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  Benjamin Wohl, Registered Agent 3/29/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P WOHL, BENJAMIN J P.O. BOX 91 PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman of the Board Dr. Edward Steinberg 100 Sunrise Ave, Apt 311 Palm Beach, FL, 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOHL, ELYS B P.O. BOX 91 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Dr. Michael Gelfand p.o. box 389 Palm Beach, FL, 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHEINER, MOSHE E RABBI 120 NORTH COUNTY ROAD PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director / Vice President Dr. Amiel Tokayer 5004 Cobalt Court Greenacres, FL, 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Rabbi Berel Barash 107 Via Veracruz Jupiter, FL, 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Rabbi Mendel Muskal 1755 Grantham Drive Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director / Secretary Michael Abramowitz 579 Anchorage Drive North Palm Beach, FL, 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| 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:  Benjamin Wohl, President 3/29/06 (561) 838-4222 | | | | | |