

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90118 031 ****61.25

DOCUMENT # N04000001841

1. Entity Name
JEWISH PHILANTHROPIES FOUNDATION OF FLORIDA,
INC.



Principal Place of Business Mailing Address
% STEPHEN M. NEWMAN, ESQ. HODGSON RUSS LLP % STEPHEN M. NEWMAN, ESQ. HODGSON RUSS LLP
1801 N MILITARY TRL STE 200 1801 N MILITARY TRL STE 200
BOCA RATON, FL 33431 BOCA RATON, FL 33431

2. Principal Place of Business *ESQ.* 3. Mailing Address
ATTN: STEPHEN M. NEWMAN ATTN: STEPHEN M. NEWMAN *ESQ.*

Suite, Apt. #, etc. SUITE 900 Suite, Apt. #, etc.
4400 PGA BOULEVARD 4400 PGA BLVD, SUITE 900

City & State City & State
PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL

Zip 33410 Country USA Zip 33410 Country USA

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number 81-0644598 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP
1801 N MILITARY TRL STE 200
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name STEPHEN M. NEWMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
4400 PGA Boulevard, Suite 900
City Palm Beach Gardens FL Zip Code 33410

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 STEPHEN M. NEWMAN, President X *Stephen M. Newman* 4/28/05
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, 2005

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	D	<input type="checkbox"/> Delete
NAME	ROSEN, SYLVIA L	
STREET ADDRESS	7340 MAHOGANY BEND CT	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, STEPHEN M	
STREET ADDRESS	1801 N MILITARY TRL STE 200	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEISCHMANN, PETER	
STREET ADDRESS	90 CHASEWOOD LN	
CITY-ST-ZIP	EAST AMHERST, NY 14051	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NEWMAN, STEPHEN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4400 PGA BLVD, SUITE 900	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410	
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		
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 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: *Stephen M. Newman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05
Date Daytime Phone #