

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002573

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: PALM BEACH JEWISH CENTER, INC.

**Current Principal Place of Business:**

234 AUSTRALIAN AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

234 AUSTRALIAN AVENUE  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 26-2697228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVITIN, SCHNEUR ZALMAN  
234 AUSTRALIAN AVENUE  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LEVITIN, SCHNEUR ZALMAN  
Address: 234 AUSTRALIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: DVPS ( ) Delete  
Name: LEVITIN, HINDEL  
Address: 234 AUSTRALIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: T ( ) Delete  
Name: LEVITIN, HINDEL  
Address: 234 AUSTRALIAN AVENUE  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: WEISMAN, JEFFREY L  
Address: PO BOX 260  
City-St-Zip: WATERBURY, CT 06720

Title: D ( ) Delete  
Name: GOLDSTEIN, MORDECHAI  
Address: 525 BROOKLYN AVENUE, APT 2C  
City-St-Zip: BROOKLYN, NY 11225

Title: D ( ) Delete  
Name: GARB, SCHNEUR  
Address: 187 CARLTON TERRACE  
City-St-Zip: TEANECK, NJ 07666

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHNEUR ZALMAN LEVITIN

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date