FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:55

DOCUMENT # N17008 (6)

1. Corporation Name

PALM BEACH JEWISH COMMUNITY CAMPUS CORPORATION

Principal Place of Business	Mailing Address
4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-2760	4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-2760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1986
3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0006250 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEIN, JEFFREY L. 4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-2760	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, BERNARD R.	1.2 NAME		
STREET ADDRESS	583 NORTH LAKE WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	ENGELSTEIN, ALEC	2.2 NAME	Patricia Abramson	
STREET ADDRESS	6611 SOUTH FLAGLER DRIVE	2.3 STREET ADDRESS	137 Anchorage Dirve N	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	KONIGSBURG, DALE	3.2 NAME		
STREET ADDRESS	3596 LIGHTHOUSE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, ALAN H.	4.2 NAME		
STREET ADDRESS	200 BRADLEY PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, BARBARA GORDON	5.2 NAME		
STREET ADDRESS	583 NORTH LAKE WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	S D	☒ Change ☐ Addition
NAME	BLONDER, ERWIN H.	6.2 NAME	Dale Konigsburg	
STREET ADDRESS	241 W. INDIES DR	6.3 STREET ADDRESS	3596 Lighthouse Drive	
CITY-ST-ZIP	PALM BCH FL	6.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410-5675	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Alan H. Miller 1/26/95 (407) 478-0700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0011480