

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **09/25/1986** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0006250	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

KLEIN, JEFFREY L.
4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2760

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, BERNARD R.	1.2 NAME	<input checked="" type="checkbox"/>
STREET ADDRESS	583 NORTH LAKE WAY	1.3 STREET ADDRESS	<input checked="" type="checkbox"/>
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, PATRICIA	2.2 NAME	SD
STREET ADDRESS	137 ANCHORAGE DRIVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONIGSBURG, DALE	3.2 NAME	T
STREET ADDRESS	3596 LIGHTHOUSE DRIVE	3.3 STREET ADDRESS	Max Tochner
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	885 Fathom Road
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ALAN H.	4.2 NAME	West Palm Beach, FL 33408
STREET ADDRESS	200 BRADLEY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONIGSBURG, DALE	6.2 NAME	
STREET ADDRESS	3596 LIGHTHOUSE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 **(407) 478-0700**
Date Daytime Phone #

CR2E037 (12/95)