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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:21

DOCUMENT # N19520 (8)

1. Corporation Name

JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY, I NC.

Principal Place of Business	Mailing Address
% E. DREW GACKENHEIMER 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417	% E. DREW GACKENHEIMER 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1987
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2120896 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL DRIVE
WEST PALM BEACH FL 33417

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 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	D	11 TITLE	☐ Change ☐ Addition
NAME	GOLDBLUM, NORMAN P	12 NAME	
STREET ADDRESS	109 EVERGLADES AVE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GACKENHEIMER, DREW E	22 NAME	
STREET ADDRESS	121 COMMADORE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	RAPOPORT, MORRRIS	32 NAME	BERMAN, SYLVIA
STREET ADDRESS	6599 EASTPOINTE PINES	33 STREET ADDRESS	44 COCOANUT ROW
CITY-ST-ZIP	PALM BEACH GARDENS FL	34 CITY-ST-ZIP	PALM BEACH, FL
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	KATZ, STANLEY M	42 NAME	
STREET ADDRESS	TWO N BREAKERS ROW	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	S ☒ Change ☐ Addition
NAME	KAUFMAN, ANNE MARIE	52 NAME	ZELNICK, MARILYN
STREET ADDRESS	11570 BRIARWOOD CIR	53 STREET ADDRESS	13932 EASTPOINTE CT.
CITY-ST-ZIP	BOYNTON BEACH FL	54 CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, SAM	62 NAME	
STREET ADDRESS	2 NORTH BREAKERS ROW	63 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	64 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)(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 above, or on an attachment with an address.

SIGNATURE: _____ 2/14/95 (407) 471-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046840