

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 # 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

3. Date Incorporated or Qualified
03/04/1987

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2120896

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

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

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 D ☒ DELETE
NAME GOLDBLUM, NORMAN P
STREET ADDRESS 109 EVERGLADES AVE
CITY-ST-ZIP PALM BEACH FL

11 TITLE D ☒ Change ☐ Addition
12 NAME KATZ, BURTON M.
13 STREET ADDRESS 6572 EASTPOINTE PINES
14 CITY-ST-ZIP PALM BEACH GARDNES, FL

TITLE D ☐ DELETE
NAME GACKENHEIMER, DREW E
STREET ADDRESS 121 COMMADORE DRIVE
CITY-ST-ZIP JUPITER FL

21 TITLE D ☒ Change ☐ Addition
22 NAME GACKENHEIMER, E. DREW
23 STREET ADDRESS 128 WEST VILLAGE WAY
24 CITY-ST-ZIP JUPITER, FL

TITLE D ☐ DELETE
NAME BERMAN, SYLVIA
STREET ADDRESS 44 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME KATZ, STANLEY M
STREET ADDRESS TWO N BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL

41 TITLE P ☒ Change ☐ Addition
42 NAME GOLDBLUM, NORMAN P.
43 STREET ADDRESS 109 EVERGLADES AVE.
44 CITY-ST-ZIP PALM BEACH, FL

TITLE S ☒ DELETE
NAME ZELNICK, MARILYN
STREET ADDRESS 13932 EASTPOINTE CT
CITY-ST-ZIP PALM BEACH GARDENS FL

51 TITLE S ☒ Change ☐ Addition
52 NAME LUDWIG, DOROTHY
53 STREET ADDRESS 13490 CROSS POINTE DR.
54 CITY-ST-ZIP PALM BEACH GARDENS, FL

TITLE T ☐ DELETE
NAME SHAPIRO, SAM
STREET ADDRESS 2 NORTH BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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
E. DREW GACKENHEIMER

Date

407-471-5111

Daytime Phone #

CR2E037 (12/95)