

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 20, 1999 8:00 am  
Secretary of State

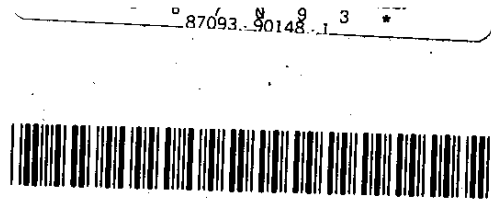
02-20-1999 90148 001 \*\*\*\*61.25

DOCUMENT # N19520

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

Principal Place of Business  
E. DREW GACKENHEIMER  
47 FRED GLADSTONE MEMORIAL DRIVE  
WEST PALM BEACH FL 33417

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



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/04/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2120896
City & State	City & State	Applied For Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D KATZ, BURTON M. 6572 EASTPOINTE PINES PALM BCH GARDENS FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GACKENHEIMER, DREW E 128 W VILLAGE WAY JUPITER FL	<input type="checkbox"/> DELETE	1.2 NAME	
D BERMAN, SYLVIA 44 COCOANUT ROW PALM BEACH FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
P GOLDBLUM, NORMAN P. 109 EVERGLADES AVE PALM BCH FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
S LUDWIG, DOROTHY 13490 CROSS POINTE DR PALM BEACH GARDENS FL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T BERG, BARRY S. 2809 EMBASSY DR. WEST PALM BCH FL	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated 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, with all other like empowered.

NATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 (501) 687-5444

CR2E037 (11/98)