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Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N19523** (2)

1. Corporation Name

JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY FOUNDATION, INC.

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

4. FEI Number

59-2774476

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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30

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 **GACKENHEIMER, E. D**
STREET ADDRESS **121 COMMADORE DRIVE**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **KATZ, STANLEY**
STREET ADDRESS **TWO NORTH BREAKERS ROW**
CITY-ST-ZIP **PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SHAPIRO, ALBERT**
STREET ADDRESS **100 SUNRISE AVENUE**
CITY-ST-ZIP **PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE
NAME **LEVY, ALLYN**
STREET ADDRESS **9 VIA LOS INCAS**
CITY-ST-ZIP **PALM BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **P**
4.3 STREET ADDRESS **GREEN, BERNARD R.**
4.4 CITY-ST-ZIP **583 North Lake Way**
PALM BEACH, FL

TITLE **T** ☐ DELETE
NAME **BERG, BARRY S.**
STREET ADDRESS **2809 EMBASSY DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

SIGNATURE

CR2E037 (10/97)