

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N19523			
1. Entity Name JEWISH HOME FOR THE AGED OF PALM BEACH COUNTY FOUNDATION, INC.			
Principal Place of Business % E. DREW GACKENHEIMER 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417		Mailing Address % E. DREW GACKENHEIMER 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2774476		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GACKENHEIMER, E. DREW 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR W. PALM BCH FL 33417 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000051073 02/16/04-80038-001 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KATZ, STANLEY M TWO NORTH BREAKERS ROW PALM BEACH FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAPIRO, ALBERT 100 SUNRISE AVENUE PALM BEACH FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LORING, ARTHUR S 209 VIA TORTUGA PALM BEACH FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BRENNER, STANLEY 44 COCONUT ROW PALM BEACH FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E. Drew Gackenhimer

E. DREW GACKENHEIMER

1-29-04

561-687-5744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #