

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 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
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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

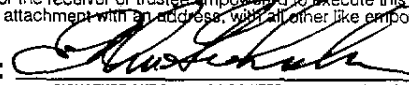
**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR W. PALM BCH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, STANLEY M TWO NORTH BREAKERS ROW PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, ALBERT 100 SUNRISE AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORING, ARTHUR S 209 VIA TORTUGA PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BRENNER, STANLEY 44 COCONUT ROW PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 GACKENHEIMER** **1-11-05** **561-681-5744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #