

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 # N22424 (8)

1. Corporation Name

JEWISH ARTS FOUNDATION, INC.



Principal Place of Business

Mailing Address

**230 ROYAL PALM WAY
SUITE 207
PALM BEACH FL 33480**

**230 ROYAL PALM WAY
STE 205-7
PALM BEACH FL 33480
US**

3. Date Incorporated or Qualified

09/10/1987

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0014995

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

23

28

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

**KAREN DAVIS
230 ROYAL PALM WAY
SUITE 207
PALM BEACH FL 33480**

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME DAVIS, BEVERLY
STREET ADDRESS 2778 S OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BERNSTEIN, ROBIN
1.3 STREET ADDRESS 1090 N. LAKE WAY
1.4 CITY-ST-ZIP PALM BEACH FL

TITLE VPD ☐ DELETE
NAME BALSHONE, MARIANNE
STREET ADDRESS 3564 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH FL

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

TITLE VPD ☒ DELETE
NAME COHEN, MAURICE
STREET ADDRESS 2000 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH FL

3.1 TITLE VPD ☒ Change ☐ Addition
3.2 NAME KAPNER, DAWN
3.3 STREET ADDRESS 258 COUNTRY CLUB ROAD
3.4 CITY-ST-ZIP PALM BEACH FL

TITLE VPD ☐ DELETE
NAME GREENBERG, LAWRENCE
STREET ADDRESS 1740 GRANTHAM STREET
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME PETRAKI, HENRY
STREET ADDRESS 2565 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP PALM BEACH FL

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME YUDENFREUND, JOEL
5.3 STREET ADDRESS 1021 HARBOR DRIVE NO.
5.4 CITY-ST-ZIP SINGER ISLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

4/1/96

689-1000

CR2E037 (12/95)