

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

230 ROYAL PALM WAY  
SUITE 207  
PALM BEACH FL 33480

Mailing Address

230 ROYAL PALM WAY  
STE 205-7  
PALM BEACH FL 33480-4312  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/10/1987

3a. Date of Last Report

04/05/1996

4. FEI Number

65-0014995

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE  
NAME BERNSTEIN, ROBIN  
STREET ADDRESS 1090 N LAKE WAY  
CITY-ST-ZIP PALM BCH FLTITLE VPD ☐ DELETE  
NAME BALSHONE, MARIANNE  
STREET ADDRESS 3564 SOUTH OCEAN BOULEVARD  
CITY-ST-ZIP PALM BEACH FLTITLE VPD ☐ DELETE  
NAME KAPNER, DAWN  
STREET ADDRESS 258 COUNTRY CLUB RD  
CITY-ST-ZIP PALM BCH FLTITLE VPD ☐ DELETE  
NAME GREENBERG, LAWRENCE  
STREET ADDRESS 1740 GRANTHAM STREET  
CITY-ST-ZIP WEST PALM BEACH FLTITLE TD ☐ DELETE  
NAME YUDENFREUND, JOEL  
STREET ADDRESS 1021 HARBOR DR N  
CITY-ST-ZIP SINGER ISLAND FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL H. YUDENFREUND

Date

Daytime Phone # 0039428

2/24/97 461-655-9500

CR2E037 (9/96)