

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US		3. Date Incorporated or Qualified 09/10/1987
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0014995 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent KAREN DAVIS 230 ROYAL PALM WAY SUITE 207 PALM BEACH FL 33480		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ROBIN	1.2 NAME	
STREET ADDRESS	1000 N LAKE WAY	1.3 STREET ADDRESS	235 SANFORD AVENUE
CITY-ST-ZIP	PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALSHONE, MARIANNE	2.2 NAME	VPD
STREET ADDRESS	8504 SOUTH OCEAN BOULEVARD	2.3 STREET ADDRESS	# LUNTZ, HOLDEN
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	194 SUNSET ROAD
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPNER, DAWN	3.2 NAME	VPD
STREET ADDRESS	250 COUNTRY CLUB RD	3.3 STREET ADDRESS	FINKELSTEIN, ANN
CITY-ST-ZIP	PALM BCH FL	3.4 CITY-ST-ZIP	150 BRADLEY PLACE
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, LAWRENCE	4.2 NAME	
STREET ADDRESS	1740 GRANTHAM STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUDENFREUND, JOEL	5.2 NAME	
STREET ADDRESS	1021 HARBOR DR N	5.3 STREET ADDRESS	405 So. JUNO LANE
CITY-ST-ZIP	GINGER ISLAND FL	5.4 CITY-ST-ZIP	JUNO BEACH FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: *[Signature]* **JOEL YUDENFREUND** **3/26/98** **361-455-2600**

CFR2037 (1097)