

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90022 030 ****61.25

DOCUMENT # N22424

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 5 5 8 4
355504 - 90022 - 30



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/10/1987

4. FEI Number

65-0014995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

23
Zip Country

City & State

28
Zip Country

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

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BERNSTEIN, ROBIN**
STREET ADDRESS **235 SANFORD AVE**
CITY-ST-ZIP **PALM BCH FL**

TITLE **VPD** ☐ DELETE
NAME **LUNTZ, HOLDEN**
STREET ADDRESS **194 SUNSET RD**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **VPD** ☐ DELETE
NAME **FINKELSTEIN, ANN**
STREET ADDRESS **150 BRADLEY PL**
CITY-ST-ZIP **PALM BCH FL**

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

TITLE **TD** ☒ DELETE
NAME **YUDENFREUND, JOEL**
STREET ADDRESS **405 S JUNO LN**
CITY-ST-ZIP **JUNO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☒ Addition
1.2 NAME **DANIEL D. MIELNICKI**
1.3 STREET ADDRESS **2111 N.W. 59TH STREET**
1.4 CITY-ST-ZIP **BOCA RATON FL 33496**

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 **TD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VPD** ☐ Change ☒ Addition
5.2 NAME **LESLIE SCHRAM**
5.3 STREET ADDRESS **1420 NO. OCEAN BLVD.**
5.4 CITY-ST-ZIP **PALM BEACH FL 33480**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Lawrence Greenberg 4/8/99
Signature and Typed or Printed Name of Signing Officer or Director
LAWRENCE GREENBERG

Date

561-838-8712
Daytime Phone #

CR2E037 (11/98)