

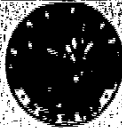
**FILE NOW: FL 990 FEE AFTER MAY 1 IS \$100.00**

**APPROVED AND FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N26433 (5)**

1. Corporation Name  
**YOUNG ISRAEL OF BOCA RATON, INC.**

Principal Place of Business Mailing Address  
**7040 W. PALMETTO PARK RD #2 SUITE 2-287 BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1988** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **65-0049343** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **7164 BER ACASA WAY** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
27  
City & State City & State  
23 **BOCA RATON, FL.** 28  
Zip Country Zip Country  
24 **33433** 25 **U.S.A.** 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**HARDIN, DAVID C ESQ  
MOMBACH, BOYLE & HARDIN, PA  
500 E BROWARD BLVD  
FT LAUDERDALE FL 33394**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD SALAMON, BENNETT</b>
NAME	<b>7853 LONDON LANE BOCA RATON FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>VD KALKSTEIN, HELENE</b>
NAME	<b>22070 LAS BRISAS CIRCLE BOCA RATON FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>TD BRYSKIER, MARTIN</b>
NAME	<b>7586 ANDORRA PLACE BOCA RATON FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>VD GOLDBERG, EPHRAIM</b>
NAME	<b>7429 LONDON LANE BOCA RATON FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<b>SD LOME, ELINOR</b>
NAME	<b>7800 SAN MARCO PLACE BOCA RATON FL</b>
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PD IRVING PERLES</b>
1.3 STREET ADDRESS	<b>32075 LAS BRISAS CIRCLE BOCA RATON, FL. 33433</b>
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VD KLAPER MARSHAL</b>
3.3 STREET ADDRESS	<b>330 S. OCEAN DRIVE OAKFIELD BEACH, FL. 33441</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VD DRESNER DAVID</b>
4.3 STREET ADDRESS	<b>22503 ESPANOLA CIR. BOCA RATON, FL. 33433</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SD ROTH JOSEPH</b>
5.3 STREET ADDRESS	<b>22312 CALIBRE COURT BOCA RATON, FL. 33433</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VD JAMES PUTNEY</b>
6.3 STREET ADDRESS	<b>7300 ANDORRA PLACE BOCA RATON, FL. 33433</b>
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 110.07(3)(b), 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 the 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: Helene Kalkstein **HELENE KALKSTEIN** 4/28/95 407 391-7474  
Treasurer