
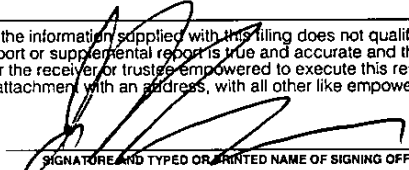


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 037 ****61.25

DOCUMENT # N26433							
1. Entity Name YOUNG ISRAEL OF BOCA RATON, INC.							
Principal Place of Business 7200 PALMETTO CIRCLE NORTH BOCA RATON, FL 33433 US			Mailing Address 7200 PALMETTO CIRCLE NORTH BOCA RATON, FL 33433 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0049343			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HARDIN, DAVID C ESQ MOMBACH, BOYLE & HARDIN, PA 500 E BROWARD BLVD FT LAUDERDALE, FL 33394			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEBER, DAVID		NAME	Mel weiss			
STREET ADDRESS	7644 CYPRESS CRESCENT		STREET ADDRESS	7635 Sierra Terr W			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433			
P	<input type="checkbox"/> Delete		P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEIN, CHARLES S		NAME	DR JOSHUA Hollander			
STREET ADDRESS	23055 POST GARDENS WAY #133		STREET ADDRESS	7518 courtyard RON E			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433			
D	<input type="checkbox"/> Delete		D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LIEBER, GARY		NAME	BURT GURSKY			
STREET ADDRESS	7489 MARTINIQUE BLVD		STREET ADDRESS	6819 Bitterbush Pl			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boynton Beach FL 33437			
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			Date: 2/22/05				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 561-703-2882				