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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30866

(0)

1. Corporation Name

PALM BEACH CANTORIAL CLERGY, INC.



Principal Place of Business

Mailing Address

**C/O CANTOR ALEX CHAPIN
5319B PALMETTO PALM COURT
BOYNTON BEACH FL 33437**

**C/O CANTOR ALEX CHAPIN
5319B PALMETTO PALM COURT
BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified

02/24/1989

3a. Date of Last Report

10/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAPIN, CANTOR ALEX
5319B PALMETTO PALM COURT
BOYNTON BEACH FL 33437**

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
NAME CHAPIN, ALEX
STREET ADDRESS 5319B PALMETTO PALM COURT
CITY-STATE-ZIP BOYNTON BEACH FL 33437 ☐ DELETE

TITLE VPD
NAME GORODETZER, AL
STREET ADDRESS 7879 WILLOW SPRING DR.
CITY-STATE-ZIP LAKE WORTH FL 33467 ☒ DELETE

TITLE SD
NAME STUART, PAUL
STREET ADDRESS 228 PINE HOVE CIRCLE
CITY-STATE-ZIP LAKE WORTH FL ☒ DELETE

TITLE TD
NAME MEHLER, ABRAHAM
STREET ADDRESS 7668 KINGS RIDE
CITY-STATE-ZIP LANTANA FL 33462 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP ☐ Change ☐ Addition
SAME

2.1 TITLE VPD
2.2 NAME RUBINSTEIN SAUL
2.3 STREET ADDRESS 7897 CORAL PT. DR.
2.4 CITY-STATE-ZIP DELRAY BEACH, FL. 33446 ☐ Change ☒ Addition

3.1 TITLE SD
3.2 NAME NERSHMAN LOUIS SD.
3.3 STREET ADDRESS 14499C CANAL VIEW DR.
3.4 CITY-STATE-ZIP DELRAY BEACH, FL. 33484 ☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME RACKOFF EARL J.
4.3 STREET ADDRESS 1330 OCEAN PINESTER.
4.4 CITY-STATE-ZIP JUPITER, FL. 33477 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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

Alex Chapin

Date

Daytime Phone #

2/29/96 (401) 236-7687

CR2E037 (12/95)