

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N30928** (8)
1. Corporation Name
CONGREGATION KOL AMI OF PALM BEACH COUNTY, INC.



Principal Place of Business: **71 N. FEDERAL HIGHWAY BOCA RATON FL 33432 US**
Mailing Address: **P.O. BOX 011564 BOCA RATON FL 33481**

3. Date Incorporated or Qualified: **03/01/1989**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **65-0260700**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: **PO Box 970234**
27. Suite, Apt. #, etc.
28. City & State: **BOCA RATON**
29. Zip: **33497-0234**
30. Country: **Palm Beach**

9. Name and Address of Current Registered Agent
**KLEINMAN, HENRY
7671 SIERRA TERR W.
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: D	NAME: WERNER, PAUL	11 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 222144 VERBINA WAY	CITY-ST-ZIP: BOCA RATON FL	12 NAME:	
TITLE: D	NAME: GILBERT, ALAN	13 STREET ADDRESS:	
STREET ADDRESS: 2400 NW 39 ST	CITY-ST-ZIP: BOCA RATON FL 33431	14 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	NAME: OSTROWSKI, JOSHUA	21 TITLE:	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 8425 BOCA RIO DRIVE	CITY-ST-ZIP: BOCA RATON FL 33433	22 NAME:	
TITLE: P	NAME: CARTER, SHARON	23 STREET ADDRESS:	
STREET ADDRESS: 8935 SONOMA LAKES BLVD	CITY-ST-ZIP: BOCA RATON FL 33434	24 CITY-ST-ZIP:	
TITLE: TREASURER	NAME: ROBERT SULTAN	25 CITY-ST-ZIP:	
STREET ADDRESS: 22138 FLOWERS DR	CITY-ST-ZIP: UP BOCA RATON FL 33428	26 CITY-ST-ZIP:	
TITLE: P	NAME: NANCY TACK	27 CITY-ST-ZIP:	
STREET ADDRESS: 2911 NW 29 AVE	CITY-ST-ZIP: BOCA RATON FL 33434	28 CITY-ST-ZIP:	
CITY-ST-ZIP:		29 CITY-ST-ZIP:	

Handwritten entries in Block 13:
11. **Kleinman, Henry**
12. **7671 Sierra Terr W**
13. **BOCA RATON 33433**

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: Robert Sultan 2/7/96 305 420 4921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)