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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90179 041 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N30928**

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 970234  
 BOCA RATON FL 33497-0734  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/01/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0260700	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEINMAN, HENRY 7671 SIERRA TERR W. BOCA RATON FL 33433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER, PAUL	1.2 NAME	DONNA HOLLAND
STREET ADDRESS	222144 VERBINA WAY	1.3 STREET ADDRESS	4895 REGENCY COURT
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINMAN, HENRY	2.2 NAME	ELLIOT BRONFMAN
STREET ADDRESS	7671 SIERRA TERR. W	2.3 STREET ADDRESS	5130 LAS VERDES CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERNER, ANITA	3.2 NAME	ARTHUR SCHWARTZ
STREET ADDRESS	222144 VERBENA WAY	3.3 STREET ADDRESS	6372 LA COSTA DR # 705
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	ARTHUR S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDIK, EDWARD	4.2 NAME	CINDY SCHWARTZ
STREET ADDRESS	19626 BLACK OLIVE DR	4.3 STREET ADDRESS	6372 LA COSTA DR # 705
CITY-ST-ZIP	BOCA RATON FL 33498	4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SHUTER, MELVIN	5.2 NAME	
STREET ADDRESS	10792 RIVER GLEN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	CARTER, STEVEN	6.2 NAME	
STREET ADDRESS	8935 SONOMA LAKES BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	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: Henry Kleinman RE: HENRY KLEINMAN 2/10/99 (361)392-0752  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)