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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N40167 (1)

1. Corporation Name

COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

4603 COMMUNITY DRIVE
WEST PALM BEACH FL 33417

4603 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2716

3. Date Incorporated or Qualified
09/27/1990

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0219982

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, BARBARA S.
4603 COMMUNITY DR
WEST PALM BEACH FL 33417

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C WEINER, ERIC MD
NAME WEINER, ERIC MD
STREET ADDRESS 3199 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL 33461

1.1 TITLE D WEINER, ERIC MD
1.2 NAME WEINER, ERIC MD
1.3 STREET ADDRESS 3199 LAKE WORTH ROAD
1.4 CITY-ST-ZIP LAKE WORTH FL 33461

TITLE D ROSEN, MARVIN S.
NAME ROSEN, MARVIN S.
STREET ADDRESS 3320 EMBASSY DR.
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE D DR. NORMA SCHULMAN-WALTZER
2.2 NAME DR. NORMA SCHULMAN-WALTZER
2.3 STREET ADDRESS 5608 PGA BLVD SUITE 106
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE D NUSSBAUM, MARK
NAME NUSSBAUM, MARK
STREET ADDRESS 6043 WINDING LAKE DR.
CITY-ST-ZIP JUPITER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D SHAPIRO, HOWARD
NAME SHAPIRO, HOWARD
STREET ADDRESS 11675 HEMLOCK ST
CITY-ST-ZIP PALM BCH GARDENS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D TOCHNER, MAX
NAME TOCHNER, MAX
STREET ADDRESS 885 FATHOM RD WEST
CITY-ST-ZIP N PALM BEACH FL

5.1 TITLE C TOCHNER, MAX
5.2 NAME TOCHNER, MAX
5.3 STREET ADDRESS 885 FATHOM RD WEST
5.4 CITY-ST-ZIP N. PALM BEACH, FL

TITLE D STEINBERG, BARBARA
NAME STEINBERG, BARBARA
STREET ADDRESS 331 EAGLETON GOLF DR
CITY-ST-ZIP PALM BCH GARDENS FL

6.1 TITLE D Steinberg, Barbara
6.2 NAME Steinberg, Barbara
6.3 STREET ADDRESS 2770 Hancock Creek Rd.
6.4 CITY-ST-ZIP W Palm Beach, FL 33411

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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

7/28/97 (561)640-0700

Date Daytime Phone # 0038333

CR2E037 (9/96)