

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40167 (1)**  
 1. Corporation Name  
**COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES, INC.**



Principal Place of Business 4603 COMMUNITY DRIVE WEST PALM BEACH FL 33417	Mailing Address 4603 COMMUNITY DRIVE WEST PALM BEACH FL 33417
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3. Date Incorporated or Qualified <b>09/27/1990</b>	
4. FEI Number <b>65-0219982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 24 Suite, Apt. #, etc. 25 City & State 26 Zip Country
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9. Name and Address of Current Registered Agent  
**STEINBERG, BARBARA S.**  
**4603 COMMUNITY DR**  
**WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINER, ERIC MD	1.2 NAME	SHAPIRO, DEBRA
STREET ADDRESS	3199 LAKE WORTH ROAD	1.3 STREET ADDRESS	2541 SEMINOLE CIRCLE
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, MARVIN S.	2.2 NAME	DR. NORMA SCHULMAN-WALTZER
STREET ADDRESS	3320 EMBASSY DR.	2.3 STREET ADDRESS	9245 SE COVE POINTE ST.
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	TEQUESTA, FL 33469 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	NUSSBAUM, MARK	3.2 NAME	
STREET ADDRESS	6043 WINDING LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HOWARD	4.2 NAME	
STREET ADDRESS	11675 HEMLOCK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOCHNER, MAX	5.2 NAME	
STREET ADDRESS	885 FATHOM RD WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, BARBARA	6.2 NAME	
STREET ADDRESS	2770 HANCOCK CREEK RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	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.

SIGNATURE: Barbara Steinberg Date: 2/6/98 Phone: (561) 640-0700

CFR037 (10/97)