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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N40167

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**



2. Principal Place of Business 21 3267 N. Military Trail	2a. Mailing Address 26 3267 N. Military Trail	3. Date Incorporated or Qualified 09/27/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0219982
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33409	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29 33409	Country 30	

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
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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"/> Addit
NAME WEINER, ERIC MD		1.2 NAME SCOTT Newman	
STREET ADDRESS 3199 LAKE WORTH ROAD		1.3 STREET ADDRESS 5573 High Flyer Road N	
CITY-ST-ZIP LAKE WORTH FL		1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33411	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME ROSEN, MARVIN S.		2.2 NAME BRIAN KAZINEC	
STREET ADDRESS 3320 EMBASSY DR.		2.3 STREET ADDRESS 15585 BELLANEA LANE	
CITY-ST-ZIP WEST PALM BCH FL 33409		2.4 CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME SHAPRIO, DEBRA		3.2 NAME	
STREET ADDRESS 2541 SEMINOLE CIR		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BCH FL 33409		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
NAME WALTZER-SCHULMAN, NORMA DR		4.2 NAME	
STREET ADDRESS 9245 SE COVE POINTE ST		4.3 STREET ADDRESS	
CITY-ST-ZIP TEQUESTA FL 33469		4.4 CITY-ST-ZIP	
TITLE C	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
NAME TOCHNER, MAX		5.2 NAME Deeved Kurit	
STREET ADDRESS 885 FATHOM RD WEST		5.3 STREET ADDRESS 3125 Embassy DR	
CITY-ST-ZIP N PALM BEACH FL		5.4 CITY-ST-ZIP W. PALM BEACH FL 33401	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
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, with all other like empowered.

SIGNATURE: Barbara Steinberg SIGNATURE REQUIRED: Barbara Steinberg 4/30/99 (561)640-0
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #