


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N44625
1. Entity Name
B'NAI TORAH FOUNDATION, INC.



Principal Place of Business
6261 S.W. 18TH STREET
BOCA RATON, FL 33433

Mailing Address
6261 S.W. 18TH STREET
BOCA RATON, FL 33433



02032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0276400

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LIPPY, STEPHEN R
% B'NAT TORAH FOUNDATION, INC.
6261 S.W. 18TH STREET
BOCA RATON, FL 33433

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000224366
02/10/05-80084-023 70.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LIPPY, STEPHEN
STREET ADDRESS	6518 TIMBERLANE
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	P
NAME	VINER, CLIFF
STREET ADDRESS	5052 SANCTUARY LN
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	SAX, SPENCER
STREET ADDRESS	6447 NW 31ST WAY
CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	S
NAME	LIPPY, STEPHEN
STREET ADDRESS	6518 TIMBERANE
CITY - ST - ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen R. Lippy **2/3/05** **561-715-8986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #