


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90009 024 ****61.25

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

40031715



2. Principal Place of Business - No P.O. Box #
 6261 SW 18TH ST

3. Mailing Address
 6261 SW 18TH ST

Suite, Apt. #, etc.

03052007 Chg-NP CR2E037 (12/06)

City & State
 Boca Raton FL

City & State
 Boca Raton FL

Zip
 33433

Country
 USA

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

7. Name and Address of New Registered Agent

Name
 STAYS THE SAME

Street Address (P.O. Box Number is Not Acceptable)

City
 FL

Zip Code

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LIPPY, STEPHEN R 6518 TIMBERLANE DELRAY BEACH, FL 33482 Boca Raton 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SAX, SPENCER 6447 NW 31 WAY BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VINER, CLIFF 5052 SANCTUARY LANE BOCA RATON, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEPHEN R. LIPPY 6518 TIMBERLANE BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARK W GLICKMAN 975 S Federal Highway BOCA RATON FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPENCER SAX 6447 NW 31 WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steph Lippy, Secretary 3/5/07 561-392-8566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #