


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90021 049 \*\*\*\*70.00

<b>DOCUMENT # N44625</b>					
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			
2. Principal Place of Business - No P.O. Box # <i>same</i>		3. Mailing Address <i>same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0276400	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LIPPY, STEPHEN R % B'NAT TORAH FOUNDATION, INC. 6261 S.W. 18TH STREET BOCA RATON, FL 33433			Name		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<i>same</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPY, STEPHEN R		NAME		
STREET ADDRESS	6518 TIMBERLANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, MARK W		NAME	MARK GLICKMAN	
STREET ADDRESS	975 S. FEDERAL HIGHWAY		STREET ADDRESS	2300 Gladys Road # 308E	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<i>same</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAY, SPENCER		NAME		
STREET ADDRESS	6447 NW 31 WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Stephen R Lippy, Secretary</i>			Date: <i>3/13/08</i> Daytime Phone #: <i>561-715-8986</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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