

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 014 ****61.25

DOCUMENT # N93000000227 1. Entity Name JEWISH COMMUNITY FACILITIES CORPORATION					
Principal Place of Business 9901 DONNA KLEIN BLVD. BOCA RATON, FL 33428-1788			Mailing Address 9901 DONNA KLEIN BLVD. BOCA RATON, FL 33428-1788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0446896	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRSNER, MARVIN A 2255 GLADES RD STE 419A BOCA RATON, FL 33431			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	BERNSTEIN, WILLIAM		NAME		
STREET ADDRESS	3256 ST ANNES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ALTSCHUL, LAWRENCE		NAME		
STREET ADDRESS	5828 WATERFORD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	VD ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	STRUHL, TEDDY		NAME		
STREET ADDRESS	7758 TENNYSON COURT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	TD ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	ALTHEIMER, JEROME		NAME		
STREET ADDRESS	7383 ORANGEWOOD LANE #501		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	GREENSPOON, WARREN		NAME		
STREET ADDRESS	5804 WINDSOR CT.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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>William V. Hode</i>			1/24/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		