

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90017 027 ****61.25

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1. Entity Name
**JEWISH GENEALOGICAL SOCIETY OF PALM BEACH
COUNTY, INC.**



Principal Place of Business
PO BOX 7796
DELRAY BEACH, FL 33482-7796

Mailing Address
PO BOX 7796
DELRAY BEACH, FL 33482-7796 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 7796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-NP CR2E037 (12/06)

City & State

City & State
Delray Beach, FL

4. FEI Number
65-0303791

Applied For
Not Applicable

Zip Country

Zip Country
33482-7796 USA

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

6. Name and Address of Current Registered Agent

**SARASKY, ARNOLD
10663 CONWAY TRAIL
BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name **Irving Skorka**
Street Address (P.O. Box Number is Not Acceptable)
16461 Braeburn Ridge Trl.
City **Delray Beach** FL Zip Code **33446**

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 Irving Skorka **Irving Skorka Treasurer 2/5/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **POD** ☐ Delete
NAME **RICE, DENNIS**
STREET ADDRESS **6925 CHIMERE TERRACE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **VPOD** ☐ Delete
NAME **LOPATIN, MARVIN**
STREET ADDRESS **14240 DUNMOOR CT**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **TOD** ☐ Delete
NAME **SARASKY, ARNOLD L**
STREET ADDRESS **10663 CONWAY TRAIL**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **SOD** ☐ Delete
NAME **JACOBSON, MARK**
STREET ADDRESS **9331 LAKE SELINA DR**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **POD** ☒ Change ☐ Addition
NAME **Sandra Hirschhorn**
STREET ADDRESS **11053 Blue Coral Dr**
CITY-ST-ZIP **Boca Raton, FL 33498**

TITLE **VPOD** ☒ Change ☐ Addition
NAME **Joel Sisitsky**
STREET ADDRESS **22918 Sterling Lakes Dr.**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **TOD** ☒ Change ☐ Addition
NAME **Irving Skorka**
STREET ADDRESS **16461 Braeburn Ridge Trl**
CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Irving Skorka