

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001630

FILED  
Apr 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 7796  
DELRAY BEACH, FL 334827796

**New Principal Place of Business:**

C/O I. SKORKA 16481 BRAEBURN RIDGE TRL  
DELRAY BEACH, FL 33446 US

**Current Mailing Address:**

PO BOX 7796  
DELRAY BEACH, FL 334827796 US

**New Mailing Address:**

PO BOX 7796  
DELRAY BEACH, FL 33482 US

**FEI Number:** 65-0303791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKORKA, IRVING  
16481 BRAEBURN RIDGE TRL  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: POD ( ) Delete  
Name: HIRSCHHORN, SANDRA  
Address: 11053 BLUE COROL DR  
City-St-Zip: BOCA RATON, FL 33498

Title: VPOD ( ) Delete  
Name: SISITSKY, JOEL  
Address: 22918 STERLING LAKES DR  
City-St-Zip: BOCA RATON, FL 33433

Title: TOD ( ) Delete  
Name: SKORKA, IRVING  
Address: 16481 BRAEBURN RIDGE TRL  
City-St-Zip: DELRAY BEACH, FL 33446

Title: SOD ( ) Delete  
Name: JACOBSON, MARK  
Address: 9331 LAKE SELENA DR  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING SKORKA

TOD

04/26/2009

Electronic Signature of Signing Officer or Director

Date