

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2: 25

DOCUMENT # **N93000004312 (5)**
1. Corporation Name

THE REGIONAL RELIGIOUS SCHOOL OF BOYNTON BEACH & LAKE WORTH AREAS, INC.

Principal Place of Business 4550 JOG ROAD GREENACRES FL 33467	Mailing Address 4550 JOG ROAD GREENACRES FL 33467
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last Report 01/25/1994
4. FEI Number 65-0443190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**SINGER, LEONARD I
1530 NORTH FEDERAL HWY
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YANOVER, ABRAHAM F DR 4705 RAINBOW DR. LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD POLLACK, LENNY 10110 ANDREA LANE BOYNTON BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GELTNER, GAIL 9982-B WATERMILL CIRCLE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GREEN, FLORENCE 10158 LEXINGTON CIRCLE N. BOYNTON BEACH FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KRAUSE, LEON 4702 FOUNTAIN DRR #403 LAKE WORTH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRACHTENBERG, SELMA MRS 6292 AUSTEL COURT LAKE WORTH FL 33483

RESIGNED AS DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*FINANCIAL SECRETARY, DIRECTOR
KASS, WILHELM
6450 ASPEN CIRCLE
BOYNTON BEACH FL 33437*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Len Pollack* *LEN POLLACK* *TREASURER/DIRECTOR*