

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90036 027 \*\*\*\*61.25

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**DOCUMENT # N93000004312**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/24/1993

4. FEI Number

65-0443190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD  
HIRSCH, NADEL  
4640 DATAMARAN CIR  
BOYNTON BCH FL 33436**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
TRACHTENBERG, D  
6292 AUSTEL CT  
LAKE WORTH FL 33463**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
GREEN, FLORENCE  
10158 LEXINGTON CIR N  
BOYNTON BCH FL 33436**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
PERTOFSKY, J  
11110 APPLGATE CIR  
BOYNTON BCH FL 33437**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
TRACHTENBERG, SELMA MRS  
6292 AUSTEL COURT  
LAKE WORTH FL 33463**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**VICR PRES DIRECTOR  
KAPLAN, BRAD**

☐ Change

☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**TREASURER DIRECTOR  
POLLOCK LANNY  
8730 ROTHBURY LANE  
BOYNTON BCH FL 33437**

☐ Change

☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 21, 1999* *561-737-8725*

CR2E037 (11/98)