

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004595 (3)**

1. Corporation Name

BOCA RATON JUDAIC FELLOWS PROGRAM, INC.



Principal Place of Business 7800 MONTOYA CIRCLE SOUTH BOCA RATON FL 33433	Mailing Address 7900 MONTOYA CIRCLE SOUTH BOCA RATON FL 33433
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/27/1995	4. FEI Number 65-0619773	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent UNGER, AHARON 7900 MONTOYA CIRCLE SOUTH BOCA RATON FL 33433

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. 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 <i>[Signature]</i> JONATHAN MENSCH TREASURER 4/29/98 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE
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12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME UNGER, AHARON	
STREET ADDRESS 22274 MORNING GLORY TERR.	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE V	<input type="checkbox"/> DELETE
NAME KLEIN, JEFFREY	
STREET ADDRESS 7905 TENNYSON CT.	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME TOBIN, MARC	
STREET ADDRESS 7350 ANDORRA PL.	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME SENDERS, MYER	
STREET ADDRESS 22202 HOLLYHOCK TRAIL	
CITY-ST-ZIP BOCA RATON FL 33433-F	
TITLE D	<input type="checkbox"/> DELETE
NAME BRANDER, RABBI KENNETH	
STREET ADDRESS 7900 MONTOYA CIRCLE	
CITY-ST-ZIP BOCA RATON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CHARME, DIANE	
STREET ADDRESS 7921 TENNYSON CT.	
CITY-ST-ZIP BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JONATHAN MENSCH	
1.3 STREET ADDRESS 7425 ANDORRA PLACE	
1.4 CITY-ST-ZIP BOCA RATON, FL 33438	
2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME JEFF WILLIAMS	
2.3 STREET ADDRESS 7575 LONDON LANE	
2.4 CITY-ST-ZIP BOCA RATON, FL 33433	
3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME UNGER AHARON	
3.3 STREET ADDRESS 690 NE 175th ST.	
3.4 CITY-ST-ZIP NMB, FL 33162	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.
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SIGNATURE <i>[Signature]</i> JONATHAN MENSCH TREASURER 4/29/98

CP2E037 (10/97)