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Mar 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000002229 (0)

1. Corporation Name

JEWISH SENIOR RESOURCE CENTER, INC.

Principal Place of Business

Mailing Address

4601 COMMUNITY DR
WEST PALM BEACH FL 33417-2760

4601 COMMUNITY DR
WEST PALM BEACH FL 33417-2760

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1996

4. FEI Number

65-0673249

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

KLEIN, JEFFREY L
4601 COMMUNITY DR
WEST PALM BEACH FL 33417-2760

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 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 D ☒ DELETE

NAME KLEIN, JEFFREY L
STREET ADDRESS 4601 COMMUNITY DR
CITY-ST-ZIP WEST PALM BEACH FL 33417-2760

TITLE P ☐ DELETE

NAME MILLER, ALAN H
STREET ADDRESS 1 LAKE TRAIL CIRCLE
CITY-ST-ZIP PALM BEACH FL

TITLE VP ☐ DELETE

NAME KATZ, STANLEY M
STREET ADDRESS 2 N. BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL

TITLE ST ☐ DELETE

NAME JACOBSON, SID
STREET ADDRESS 360 S. OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

TITLE D ☒ DELETE

NAME GACKENHEIMER, DREW E
STREET ADDRESS 4847 FRED GLADSTONE DR
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME GOLDBLUM, NORMAN P
STREET ADDRESS 109 EVERGLADES AVE
CITY-ST-ZIP PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME KRAMER, SAUL
1.3 STREET ADDRESS 100 SUNRISE AVE., #610
1.4 CITY-ST-ZIP PALM BEACH, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME SHAPIRO, ALBERT
5.3 STREET ADDRESS 100 SUNRISE AVE.
5.4 CITY-ST-ZIP PALM BEACH, FL

6.1 TITLE ☐ Change ☐ 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, 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 in an addition with an address.

SIGNATURE:

[Handwritten Signature]

3/5/98

561-471-5111

CR2E037 (10/97)