

FILE NOW: FILING FEE IS \$61.25

APPROVED  
AND  
FILED

1997 SEP 26 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000003858 (5)

1. Corporation Name

CONGREGATION B'NAI KODESH OF PALM BEACH COUNTY,  
INC.

Principal Place of Business

Mailing Address

C/O LAWRENCE M. ROSEN, D.D.S.  
13916 ISHMALA CIRCLE  
WELLINGTON FL 33414

C/O LAWRENCE M. ROSEN, D.D.S.  
13916 ISHMALA CIRCLE  
WELLINGTON FL 33414-7805

3. Date Incorporated or Qualified  
07/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

24

Zip

25

Country

28

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, LAWRENCE M D.D.S.  
13916 ISHMALA CIRCLE  
WELLINGTON FL 33414

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☒ Addition

NAME

1.2 NAME

D  
MARIE J. STAVE  
14481 AUTUMN AVE  
WELLINGTON, FL 33414

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

2.1 TITLE

☐ Change

☒ Addition

NAME

2.2 NAME

D  
MICHAEL LEIBOWITZ  
13336 KINGSBURY CT  
WELLINGTON, FL 33414

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

3.1 TITLE

☐ Change

☒ Addition

NAME

3.2 NAME

D  
HOLLY LEVINE  
13568 COLUMBINE AVE  
WELLINGTON, FL 33414

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

4.1 TITLE

☐ Change

☒ Addition

NAME

4.2 NAME

D  
LAWRENCE M. ROSEN  
13916 ISHMALA CIRCLE  
WELLINGTON, FL 33414

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

500002309345--8

10/01/97 01:00:00  
\*\*\*\*\*61.25 \*\*\*\*\*

14. I do 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.

CR2E037 (9/96)