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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

P.O. BOX 211416
ROYAL PALM BEACH FL 33421

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

65-0681084

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 12794 W Forest Hill Blvd

26 12794 W. Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 31

27 Suite 31

City & State

City & State

23 Wellington FL

28 Wellington FL

Zip

Country

Zip

Country

24 33414

25 USA

29 33414

30 USA

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 **D** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **STAVE, MARC J**
STREET ADDRESS **14481 AUTUMN AVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **LEIBOWITZ, MICHAEL**
STREET ADDRESS **13336 KINGSBURY CT**
CITY-ST-ZIP **WELLINGTON FL 33414**

2.2 NAME **Director**
2.3 STREET ADDRESS **Robert Tucker**
2.4 CITY-ST-ZIP **1264 Summerwood Circle**
Wellington FL 33414

TITLE **D** ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **LEVINE, HOLLY**
STREET ADDRESS **13568 COLUMBINE AVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **ROSEN, LAWRENCE M**
STREET ADDRESS **13916 ISHMALA CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

MARC STAVE Director *MARC Stave Director* 4/29/98 561-798-9088

CR2E037 (10/97)