FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

BOCA RATON FL 33428

Suite, Apt. #, etc.

BARITZ, NEIL S

City & State

23

24

Žio

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZW

CITY-ST-ZIP

CITY-ST-ZIP

12.

TITLE

NAME

NUE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT #

DONNA KLEIN JEWISH ACADEMY PARENT TEACHER ORGANI ZATION, INC.

May 13 1998 8:00am Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 N97000005128 (0) Principal Place of Business Mailing Address 9701 DONNA KLEIN BLVD. 9701 DONNA KLEIN BLVD. 3. Date Incorporated or Qualified **BOCA RATON FL 33428** <u>09/10/1997</u> 4. FEI Number Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 N. FEDERAL HWY., STE. 300 **BOCA RATON FL 33432** City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Fiorida. 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, Fiorida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE PRESIDENT PD Change 1.1 TITLE 1.2 NAME JAN JAVARICK BUCA RATON, FL 33428 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE ANGELA ROSS TREASURER 2.2 NAME 9701 DONNA KLEIM BLYD 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE VILE-PRES, 3.2 NAME NANCY BAILIN 9701 DONNA KLEIN BLUD 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP BOCA RATON FL 3342A DELETE 4.1 TITLE Addition 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition 6.2 NAME

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.

6.3 STREET ADDRESS

SIGNATURE:

MICHARUM REQUIRED Angela Row

852-3331

FILED