

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90048 003 ****61.25

DOCUMENT # N97000005128

1. Entity Name
**DONNA KLEIN JEWISH ACADEMY PARENT TEACHER
ORGANIZATION, INC.**



Principal Place of Business
**9701 DONNA KLEIN BLVD.
BOCA RATON, FL 33428**

Mailing Address
**9701 DONNA KLEIN BLVD.
BOCA RATON, FL 33428**

64000140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0779586

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAFFER, MARK
9701 DONNA KLEIN BLVD
BOCA RATON, FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME COHEN, SHIRLEY ☒ Delete
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE PD ☒ Change ☐ Addition
NAME BANK, GAIL
STREET ADDRESS 9701 Donna Klein Blvd
CITY-ST-ZIP Boca Raton, FL 33428

TITLE PTD
NAME FOGEL, JUDY ☐ Delete
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE SD ☐ Change ☒ Addition
NAME Fogel, Judy
STREET ADDRESS 9701 Donna Klein Blvd
CITY-ST-ZIP Boca Raton, FL 33428

TITLE T ☐ Delete
NAME BAUM-GALPER, MICHELLE
STREET ADDRESS 9701 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON, FL

TITLE TD ☐ Change ☒ Addition
NAME Michelle Baum-Galper
STREET ADDRESS 9701 Donna Klein Blvd
CITY-ST-ZIP Boca Raton, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. S. Baum-Galper* M.S. BAUM-GALPER 04/21/04 561-852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 3351