

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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**



01082007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0779586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ADLER, SARA
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE T
NAME OWITZ-GREENBERG, STEPHANIE
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE S
NAME WRUBEL, JILL
STREET ADDRESS 9701 DONNA KLEIN BLVD.
CITY-ST-ZIP BOCA RATON, FL

TITLE VP
NAME WANDER, DEBRA
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE VP
NAME HOMAN, SUSAN
STREET ADDRESS 9701 DONNA KLEIN BLVD
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000591284
01/19/07-80015-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07

Date

Daytime Phone #