

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005817

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: TORAH ACADEMY OF BOCA RATON, INC.

**Current Principal Place of Business:**

447 NORTH WEST SPANISH RIVER BLVD.  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

447 NORTH WEST SPANISH RIVER BLVD.  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 65-0788118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINMAN, SCOTT  
7279 SAN SALVADOR DRIVE  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

STEINMAN, SCOTT  
7279 SAN SEBASTIAN DRIVE  
BOCA RATON, FL 33433 US

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.

SIGNATURE: SCOTT STEINMAN

04/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: WOLNERMAN, ALLEN  
Address: 22235 MORNING GLORY TERRACE  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: SUGERMAN, BEN  
Address: 7493 ANDORA PLACE  
City-St-Zip: BOCA RATON, FL 33433

Title: VP ( ) Delete  
Name: ETTEDGUI, DANIEL  
Address: 7505 LONDON LANE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: D ( ) Delete  
Name: FACTOR, NANCY  
Address: 22278 LARKSPUR TRAIL  
City-St-Zip: BOCA RATON, FL 33433 US

Title: S ( ) Delete  
Name: SELIG, CORNELLE  
Address: 22314 GUADELOUPE STREET  
City-St-Zip: BOCA RATON, FL 33433 US

Title: T ( ) Delete  
Name: ALLSWANG, ELLIOT  
Address: 22147 LARKSPUR TRAIL  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOT ALLSWANG

T

04/23/2007

Electronic Signature of Signing Officer or Director

Date