

FILED
Apr 18, 2000 8:00 am
Secretary of State
01-19-2000 90203 008 ****61.25

DOCUMENT # N99000005277

1. Entity Name

PALM BEACH COUNTY BOARD OF RABBIS, INC.

Principal Place of Business

**4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417**

Mailing Address

**4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417-2716**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0952398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, ALAN R
4601 COMMUNITY DRIVE
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P Rabbi David Steinhardt, B'nai Torah Congregation, 6261 SW 18th St. Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP Rabbi Stephen Pinsky Temple Beth Torah, 900 Big-Blue-Trace Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
R. Sec. Rabbi David Goldstein Temple Beth David, 4657 Hood Road Palm Beach Gardens, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Coor. Sec. Rabbi Geoffrey Botnick, Temple Torah, 8600 Jog Road Boynton Beach, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T Rabbi Jerrold Levy Temple Beth El, 333 S. W. 4th Ave. Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Ex. V.P. Rabbi Alan Sherman Jewish Federation, 4601 Community Dr. West Palm Beach, FL 33417	

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: *Rabbi Alan Sherman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rabbi Alan Sherman

1/4/00

478-0700

Date

Daytime Phone #

CR2E037 19/99