

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

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**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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 reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**RSD
BROCKMAN, JESSICA RABBI
333 SW 4TH AVENUE
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BOTNICK, GEOFFREY RABBI
8600 JOG ROAD
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CSD
ZUCKER, LEONARD RABBI
1470 GOLDEN LAKES BLVD
WEST PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
SILVERS, ROBERT RABBI
2200 YAMATO ROAD
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
FRATELLO, ANTHONY RABBI
9776 DS MILITARY TRAIL
BOYNTON BEACH, FL 33436**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**EVD
SHERMAN, ALAN RABBI
4601 COMMUNITY DR
WEST PALM BEACH, FL 33417**

000000003504
01/13/04-80059-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alan Sherman **ALAN SHERMAN** JAN 6, 2004 242-6659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #