

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 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



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE CS
NAME NOGAN, SHERMAN
STREET ADDRESS 190 N COUNTY RD
CITY-ST-ZIP PALM BEACH, FL 33480

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

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

TITLE TD
NAME FRATELLO, ANTHONY RABBI
STREET ADDRESS 9085 HAGEN RANCH RD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

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

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01/27/06-80007-010 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 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:

Anthony B. Fratello 1/19/06 (561) 364-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #