

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90044 033 \*\*\*\*70.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # N99000006434</b><br>1. Entity Name<br><b>SOLOMON SCHECHTER DAY SCHOOL OF PALM BEACH COUNTY, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>333 S.W. 4TH AVE<br/>BOCA RATON, FL 33432</b>   |   |   | Mailing Address<br><b>333 S.W. 4TH AVE<br/>BOCA RATON, FL 33432</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |  |  |
| City & State<br><br>Zip   |   | City & State<br><br>Zip   |   | Country  |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                     |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |   | <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WISTON, BARBARA<br/>17037 ROYAL COVE WAY<br/>BOCA RATON, FL 33496</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>GOLDBERG, SARAH</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>6803 N. GRANDE DR</b><br>City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33433</b> |  |  |
| 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.<br><br>SIGNATURE <u><i>Sarah Goldberg</i></u> <span style="float: right;">7/28/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PT<br>WISTON, BARBARA<br>17037 ROYAL COVE WAY<br>BOCA RATON, FL 33496             | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PT<br>GOLDBERG, SARAH<br>6803 N. GRANDE DR<br>BOCA RATON, FL 33433         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>SHOLK, IRENE<br>7785 DORCHESTER ROAD<br>BOYNTON BEACH, FL 33437            | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | LIPSITZ, BERNARD D<br>4301 N. OCEAN BLVD APT A-602<br>BOCA RATON, FL 33431 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>LIPSITZ, BERNIE<br>4301 NORTH OCEAN BLVD APT A-602<br>BOCA RATON, FL 33431 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TT<br>SHAPIRO, JAY<br>20090 S BOCA W DR<br>BOCA RATON, FL 33434                   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | COP<br>GOLDBERG, SARAH<br>6803 N GRANDE DR<br>BOCA RATON, FL 33433                | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| 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: <u><i>Sarah Goldberg</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | 7/28/05<br><small>Date Daytime Phone #</small>  |  |  |