

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30928

Entity Name: CONGREGATION KOL AMI OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**C/O BETH DERICCO
167 WELLINGTON J
WEST PALM BEACH, FL 33417**Current Mailing Address:**P.O. BOX 810504
BOCA RATON, FL 33481 US**FEI Number:** 65-0260700**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KAUFMAN, DANIEL
140 PAMELA LN
WEST PALM BEACH, FL 33405 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:** DANIEL KAUFMAN

04/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, TRUSTEE
Name	DERICCO, BETH
Address	167 WELLINGTON J
City-State-Zip:	WEST PALM BEACH FL 33417

Title	TREASURER, TRUSTEE
Name	KAUFMAN, DANIEL
Address	140 PAMELA LN
City-State-Zip:	WEST PALM BEACH FL 33405

Title	TRUSTEE
Name	BONNIN, JENNIE
Address	5230 MAJORCA CLUB DRIVE
City-State-Zip:	BOCA RATON FL 33486

Title	SECRETARY, TRUSTEE
Name	HARTZ, JEAN
Address	505 WAYNE ST
City-State-Zip:	JOHNSTOWN PA 15905

Title	VP, TRUSTEE
Name	OSTROFF, CATHY
Address	8 ASHBY A
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	TRUSTEE
Name	PRELAK, BARBARA
Address	6069 OLD COURT RD APT 108
City-State-Zip:	BOCA RATON FL 33433

I hereby 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 all other like empowered.

SIGNATURE: DANIEL KAUFMAN

TREASURER

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date