

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30928

Entity Name: CONGREGATION KOL AMI OF PALM BEACH COUNTY, INC.**Current Principal Place of Business:**2601 ST. ANDREWS BLVD.
BOCA RATON, FL 33434**Current Mailing Address:**P.O. BOX 810504
BOCA RATON, FL 33481 US**FEI Number:** 65-0260700**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASSERMAN, STEPHANIE
6101 HOOK LANE
BOYNTON BEACH, FL 33437 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:** STEPHANIE WASSERMAN

01/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JAINCHILL, ROBERTA
Address 13298 ALHAMBRA LAKE CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name DUNAIEF, ROBERTA
Address 6853 CASTLEMAINE AVENUE
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER
Name WASSERMAN, JEROME
Address 6101 HOOK LANE
City-State-Zip: BOYNTON BEACH FL 32437

Title DIRECTOR
Name BARBARA , KRUPP
Address 7701 CORAL LAKE DRIVE
 APT. 491
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name SCHWARTZ, CINDY
Address 1717 HOMEWOOD AVENUE
 APT. 432
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name LEEDS, ROSLYN
Address 4 FARNHAM A
City-State-Zip: DEERFIELD BEACH FL 33442

Title DIRECTOR
Name LEEDS, WILLIAM
Address 4 FARNHAM A
City-State-Zip: DEERFIELD BEACH FL 33442

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: JEROME WASSERMAN

TREASURER

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date