

**2022 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: 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**

**04/23/2022**

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            PRISE, DEBORAH  
Address        825 MOREWOOD AVE, G3  
City-State-Zip: PITTSBURGH PA 15213

Title            VP, TRUSTEE  
Name            CARTER, STEVEN  
Address        321 SE ATLANTIC DRIVE  
City-State-Zip: LANTANA FL 33462

Title            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**

**04/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date