

2020 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:**AUSTIN, BONNIE KARP
21621 ARRIBA REAL, 1-H
BOCA RATON, FL 33433 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:** BONNIE K AUSTIN

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER
Name AUSTIN, BONNIE KARP
Address 21621 ARRIBA REAL, 1-H
City-State-Zip: BOCA RATON FL 33433

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

Title SECRETARY
Name BARRON, BARBARA
Address 113 TUSCANY B
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name WENDER, CHAIM
Address 2407 NW 35TH ST
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name FRIEDMAN, BARRY
Address 998 WEST ROYAL PALM RD
City-State-Zip: BOCA RATON FL 33486

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: BONNIE AUSTIN

TREASURER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date