

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000227

Entity Name: JEWISH COMMUNITY FACILITIES CORPORATION**Current Principal Place of Business:**9901 DONNA KLEIN BLVD.
BOCA RATON, FL 33428-1788**Current Mailing Address:**9901 DONNA KLEIN BLVD.
BOCA RATON, FL 33428-1788**FEI Number:** 65-0446896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FINCH, WESLEY
3625 CARLTON PL
BOCA RATON, FL 33496 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:** WESLEY FINCH

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FINCH, WESLEY
Address 3625 CARLTON PL
City-State-Zip: BOCA RATON FL 33496

Title COO
Name LOWELL, MEL
Address 9901 DONNA KLEIN BLVD
City-State-Zip: BOCA RATON FL 33428

Title SECRETARY
Name PODOLSKY, BARRY
Address 3951 NW 58TH PL
City-State-Zip: BOCA RATON FL 33496

Title VP
Name GOLDBERG, ARTHUR
Address 16360 MADDALENA PL
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER
Name STEINBERG, RICHARD
Address 4450 NW 24TH TER
City-State-Zip: BOCA RATON FL 33431

Title VP
Name LEVIN, MATTHEW
Address 9901 DONNA KLEIN BLVE
City-State-Zip: BOCA RATON FL 33428

Title ASSISTANT TREASURER
Name GALPERN, DAVID
Address 5364 ASCOT BEND
City-State-Zip: BOCA RATON FL 33496

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: MEL LOWELL

COO

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date