

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90034 033 ****61.25

DOCUMENT # 735534

1. Entity Name
GOLDEN LAKES TEMPLE, INC.



Principal Place of Business
**1470 GOLDEN LAKES BLVD.
WEST PALM BEACH, FL 33411**

Mailing Address
**1470 GOLDEN LAKES BLVD.
WEST PALM BEACH, FL 33411**

50052952



2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33411

Country

U.S.A.

Zip

33411

Country

U.S.A.

04272005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1713631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAPIR, ISIDORE
449 GOLDEN RIVER DRIVE
WEST PALM BCH, FL 33411**

7. Name and Address of New Registered Agent

Name

ISIDORE SAPIR

Street Address (P.O. Box Number is Not Acceptable)

449 GOLDEN RIVER DRIVE

City

WEST PALM BEACH

FL

Zip Code

33411

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZALESCH, HAROLD	
STREET ADDRESS	199 LAKE FRANCES DR	
CITY-ST-ZIP	W PALM BCH, FL 33411	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	STEINHARDT, GUNTHER	
STREET ADDRESS	208 LAKE HELEN DR	
CITY-ST-ZIP	W PALM BCH, FL 33411	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	WEST, RAYMOND	
STREET ADDRESS	218 LAKE MERYL DR	
CITY-ST-ZIP	WEST-PALM BEACH, FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GERSTENFELD, ANNE	
STREET ADDRESS	125 LAKE NANEY DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, MILTON	
STREET ADDRESS	137 LAKE SUSAN DR.	
CITY-ST-ZIP	WEST PALM BCH FL,	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERGER, ESTELLE	
STREET ADDRESS	154 LAKE MERYL DR, APT. 159	
CITY-ST-ZIP	WEST PALM BCH FL, 33411	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

ADA FUKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 16, 2005

Date

686-7436

Daytime Phone #