FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:47

DOCUMENT # 749576 (5)

1. Corporation Name
TEMPLE SINAI OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
2475 W ATLANTIC AVE DELRAY BCH FL 33445	2475 W ATLANTIC AVE DELRAY BCH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1883710 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZWEIGENHAFT, ARTHUR
425 SHERWOOD FOREST DR
APT 103
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VICE-PRESIDENT, OPERATIONS ☑ Change ☐ Addition
NAME	JACKLER, MORRIS	1.2 NAME	ALBERT FELDMAN
STREET ADDRESS	1052B NORTH DRIVE	1.3 STREET ADDRESS	716 LAGO ROAD
CITY-ST-ZIP	DELRAY BCH. FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33445
TITLE	VD	2.1 TITLE	VICE-PRESIDENT, RELIGIOUS SCHOOL ☑ Change ☐ Addition
NAME	BERGER, HELYN	2.2 NAME	JILL SHAW
STREET ADDRESS	6193 LASALLE ROAD	2.3 STREET ADDRESS	1060 N.W. 10TH COURT
CITY-ST-ZIP	DELRAY BCH. FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FLORIDA 33426
TITLE	PD	3.1 TITLE	☑ Change ☐ Addition
NAME	DANZIA, MEYER	3.2 NAME	DANZIG
STREET ADDRESS	1051 ORANGE TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	AARON, MARJORIE	4.2 NAME	
STREET ADDRESS	7729 FOREST GREEN LAKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	GILMAN, NORTON	5.2 NAME	
STREET ADDRESS	5217 POPPY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	ZMELGENHAFT, ARTHUR	6.2 NAME	
STREET ADDRESS	425 SHERWOOD FOREST DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Arthur Zweigenhaft Jan. 16, 1995 407-4-76-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Arthur Zweigenhaft, Treas.

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