

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 767513 (5)

1. Corporation Name

LIBERAL JEWISH TEMPLE OF COCONUT CREEK, INC.



Principal Place of Business

Mailing Address

2101 LUCAYA BEND, SUITE # 0-2
C/O RITA KLEIN
COCONUT CREEK FL 33066

2101 LUCAYA BEND, SUITE # 0-2
C/O RITA KLEIN
COCONUT CREEK FL 33066-1139

3. Date Incorporated or Qualified
03/16/1983

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 3950 Coconut Cr. Pkwy

26 Suite, Apt. #, etc.

4. FEI Number
59-2153135

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, RITA
2101 LUCAYA BEND
#0-2
COCONUT CREEK FL 33066

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Rita Klein*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME JACOBS, LOUIS
STREET ADDRESS 2403 ANTIGUA CIR.
CITY-ST-ZIP COCONUT CREEK FL 33066

1.1 TITLE PRES/D. ☒ Change ☐ Addition
1.2 NAME JACK MAZOW
1.3 STREET ADDRESS 3251 HOLIDAY SPR. BLVD
1.4 CITY-ST-ZIP MARGATE, FL. 33063

TITLE VD ☐ DELETE
NAME LEINWAND, LILLIAN
STREET ADDRESS 3102 PORTFINO PT.
CITY-ST-ZIP COCONUT CREEK FL 33066

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME NOVAK, ANNE
STREET ADDRESS 1703 ANDROS ISLE
CITY-ST-ZIP COCONUT CREEK FL 33066

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME KLEIN, RITA
STREET ADDRESS 2101 LUCAYA BEND, SUITE # 0-2
CITY-ST-ZIP COCONUT CREEK FL 33066

4.1 TITLE TRGAS/D. ☒ Change ☐ Addition
4.2 NAME FAY KANTOR
4.3 STREET ADDRESS 3170 HOLIDAY SPR. BLVD
4.4 CITY-ST-ZIP MARGATE, FL. 33063

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Rita Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/97

954-
979-0699
Daytime Phone # 0025510

CR2E037 (9/96)