


FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767513 (5)
1. Corporation Name
LIBERAL JEWISH TEMPLE OF COCONUT CREEK, INC.



Principal Place of Business 3950 COCONUT CK. PARKWAY C/O RITA KLEIN COCONUT CREEK FL 33066 US	Mailing Address 2101 LUCAYA BEND. SUITE # 0-2 C/O RITA KLEIN COCONUT CREEK FL 33066
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3. Date Incorporated or Qualified
03/16/1983

4. FEI Number
59-2153135

Applied For	Not Applicable
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2. Principal Place of Business
21. Suite, Apt. #, etc.

2a. Mailing Address
26. Suite, Apt. #, etc.

22. City & State
27. City & State

23. Zip
24. Country
25. Zip
29. Country
30. Zip

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

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 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* DATE *1/2/98*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAZLOW, JACK	
STREET ADDRESS	3251 HOLIDAY SPRING BLVD	
CITY-ST-ZIP	MARGATE FL	

1.1 TITLE	PRES.	"D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEYER KIRSTEIN	
1.3 STREET ADDRESS	1705 ANDROS #J-1	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33066	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEINWAND, LILLIAN	
STREET ADDRESS	3102 PORTOFINO PT.	
CITY-ST-ZIP	COCONUT CREEK-FL 33066	

2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUANETTE ROSENBERG	
2.3 STREET ADDRESS	3302 ARUBA WAY #K2 "D"	
2.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33066	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NOVAK, ANNE	
STREET ADDRESS	1703 ANDROS ISLE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

3.1 TITLE	V.P. "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LILLIAN LEINWAND	
3.3 STREET ADDRESS	3102 PORTOFINO PT.	
3.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33066	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KANTOR, FAY	
STREET ADDRESS	3170 HOLIDAY SPRING BLVD	
CITY-ST-ZIP	MARGATE FL	

4.1 TITLE	TREAS. "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FAY KANTOR	
4.3 STREET ADDRESS	3170 HOLIDAY SPRING BLD	
4.4 CITY-ST-ZIP	MARGATE, FL. 33063	

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **SIGNATURE REQUIRED** *Fay Kantor 1/2/98 954/752-3665*

CR2E037 (10/97)