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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767513

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 US
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2. Principal Place of Business 21 3950 COCONUT CK. PARKWAY Suite, Apt. #, etc. 22 % IRVING HERSCHEIN City & State 23 COCONUT CREEK FL 33066 Zip Country 24 25 U.S.	2a. Mailing Address 26 P.O. Box 934384 Suite, Apt. #, etc. 27 % IRVING HERSCHEIN City & State 28 MARGATE FL. Zip Country 29 33093-4384 30	3. Date incorporated or Qualified 03/16/1983	4. FEI Number 59-2153135 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 **IRVING HERSCHEIN**
 82 Street Address (P.O. Box Number is Not Acceptable)
4133 CARAMBOLA CIRCLE SOUTH - G 104
 83
 84 City **COCONUT CREEK** FL 85 Zip Code **33066**

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 **IRVING HERSCHEIN, TREASURER** DATE **1-29-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEYER, KIRSTEIN	
STREET ADDRESS	1705 ANDROS #J-1	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, JEANETTE	
STREET ADDRESS	3302 ARUBA WAY #K-2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEINWAND, LILLIAN	
STREET ADDRESS	3102 PORTO FINO PT	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KANTOR, FAY	
STREET ADDRESS	3170 HOLIDAY SPRING BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	IRVING HERSCHEIN
4.4 CITY-ST-ZIP	4133 CARAMBOLA CIRCLE SOUTH G 104 COCONUT CREEK FL 33066
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(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, with all other like empowered.

SIGNATURE: **Irving Herschein, Treasurer** DATE: **1-29-99** DAYTIME PHONE #: **954-977-9789**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)