

DOCUMENT # 767513

1. Entity Name

LIBERAL JEWISH TEMPLE OF COCONUT CREEK, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-18-2000 90088 034 ****61.25

Principal Place of Business Mailing Address
 3960 COCONUT CK. PARKWAY PO BOX 334384
 C/O IRVING HERSCHBEIN C/O IRVING HERSCHBEIN
 COCONUT CREEK FL 33066 MARGATE FL 33083-4384
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 59-2153135 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSCHBEIN, IRVING
 4133 CARAMBOLA CIR S G-104
 COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE

Irving Herschbein, IRVING HERSCHBEIN

01-06-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10.

OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEYER, KIRSTEIN	
STREET ADDRESS	1705 ANDROS #J-1	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, JEANETTE	
STREET ADDRESS	3302 ARUBA WAY. #K-2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LEINWAND, LILLIAN	
STREET ADDRESS	3102 PORTO FINO PT	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERSCHBEIN, IRVING	
STREET ADDRESS	4133 CARAMBOLA CIR S G-104	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeanette Rosenberg	
STREET ADDRESS	3302 Aruba Way, K-2	
CITY-ST-ZIP	Coconut Creek, FL 33066	T
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Schwartzbaum	
STREET ADDRESS	3203 Portofino Point D-2	
CITY-ST-ZIP	Coconut Creek, FL 33066	T
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emanuel Rosen	
STREET ADDRESS	3304 Aruba Way A-2	
CITY-ST-ZIP	Coconut Creek, FL 33066	T
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irving Herschbein	
STREET ADDRESS	4133 Carambola Circle South. G-104	
CITY-ST-ZIP	Coconut Creek, FL 33066	T
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)(f), 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 empowered.

SIGNATURE:

Irving Herschbein, IRVING HERSCHBEIN 01-06-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954

977-9789

CR2E037 (9/99)