

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90197 012 \*\*\*\*61.25

**DOCUMENT # 767513**

1. Entity Name

**LIBERAL JEWISH TEMPLE OF COCONUT CREEK, INC.**



Principal Place of Business

3950 COCONUT CREEK PARKWAY  
COCONUT CREEK FL 33066  
US

Mailing Address

PO BOX 934384  
MARGATE FL 33093-4384  
US

2. Principal Place of Business

3950 COCONUT CREEK PARKWAY

3. Mailing Address

P.O. BOX 934384



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

MARGATE FL

4. FEI Number

59-2153135

Applied For

Not Applicable

Zip

33066

Country

USA

Zip

33093-4384

Country

U.S.A.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	LITMAN, MARITN	
STREET ADDRESS	3301 ARUBA WAY, N-1	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREUND, LEONARD	
STREET ADDRESS	3003 PORTOFINO ISLE G-2	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GROPER, ELAINE	
STREET ADDRESS	1801 ELYUTHERA POINT, H-3	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERSHBEIN, IRVING	
STREET ADDRESS	4133 CARAMBOLA CIR S G-104	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHLEIDER, JACK	
STREET ADDRESS	1905 BERMUDA CIRCLE J-4	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	KEENE, ROSALIE	
STREET ADDRESS	3501 BIMINI LANE E-1	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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)(i), 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 HERSCHEIN

02-21-05 954-977-9789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #