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May 01 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 # 769564 (6)

1. Corporation Name

TEMPLE BETH TIKVAH OF GREENACRES, INC.

Principal Place of Business

Mailing Address

4550 JOG RD.
LAKE WORTH FL 33467-4160

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LAKE WORTH FL 33467-4160



3. Date Incorporated or Qualified 07/26/1983	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2286877	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINGER, LEONARD
1530 N. FEDERAL HWY
LAKE WORTH FL 33460

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 _____
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHIOFF, CYNTHIA	1.2 NAME	Leon Krause
STREET ADDRESS	3755 PONCIANA DRIVE #112	1.3 STREET ADDRESS	4702 Fountain Drive So. # 403
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lake Worth, Fl. 33467
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACHTENBERG, DR. DAVID	2.2 NAME	Elaine Goldklang
STREET ADDRESS	6292 AUSTEL CT.	2.3 STREET ADDRESS	6827 Parisian Way
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Lake Worth, Fl. 33467
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Financial Secretary SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSER, SEYMOUR	3.2 NAME	Helen Milrod
STREET ADDRESS	4725 LUCERNE LAKES BLVD #316	3.3 STREET ADDRESS	8215 Whitewood Cove E
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	Lake Worth, Fl 33467
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORCH, CLIFFORD	4.2 NAME	Lenny Pollack
STREET ADDRESS	4290 D'ESTE CT. #207	4.3 STREET ADDRESS	8730 Rothbury Lane
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Boynton Beach, Fl 33437
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCKOM, IRVING	5.2 NAME	
STREET ADDRESS	6989 QUINCE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Leon P. Krause 4/7/97 561-967-3600
Date Daytime Phone # 0044128

CR2E037 (9/96)