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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769564

1. Corporation Name

TEMPLE BETH TIKVAH OF GREENACRES, INC.

Principal Place of Business

4550 JOG RD.
 LAKE WORTH FL 33467-4160

Mailing Address

4550 JOG RD.
 LAKE WORTH FL 33467-4160



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/26/1983

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-2286877

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

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** DELETE
 NAME **KRAUSE, LEON**
 STREET ADDRESS **4702 FOUNTAIN DRIVE SO. #403**
 CITY-ST-ZIP **LAKEWORTH FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **VP** DELETE
 NAME **GOLDKLANG, ELAINE**
 STREET ADDRESS **6827 PARISIAN WAY**
 CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE Change Addition
 2.2 NAME **Sam Itkin**
 2.3 STREET ADDRESS **2638 Gately Drive E # 104**
 2.4 CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE **FS** DELETE
 NAME **MILROD, HELEN**
 STREET ADDRESS **8215 WHITEWOOD COVE E.**
 CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **POLLACK, LENNY**
 STREET ADDRESS **8730 ROTHBURY LANE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **LUCKOM, IRVING**
 STREET ADDRESS **6989 QUINCE LANE**
 CITY-ST-ZIP **LAKE WORTH FL**

5.1 TITLE Change Addition
 5.2 NAME **Louis Meltzer**
 5.3 STREET ADDRESS **6938 Bitterbush Place**
 5.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **7-14-99** **(561) 967-3600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)