

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90253 010 \*\*\*\*61.25

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01032007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 769564</b>					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2286877	
Zip		Country		5. Certificate of Status Desires <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGER, LEONARD 1530 N. FEDERAL HWY LAKE WORTH, FL 33460			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDKLANG, ELAINE		NAME	Sanford Le Vine	
STREET ADDRESS	6827 PARISIAN WAY		STREET ADDRESS	8129 Cassia Dr.	
CITY-ST-ZIP	LAKE WORTH, FL 334675728		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	FS/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, TZIP		NAME	Lenny Pollack	
STREET ADDRESS	7847 LAKESIDE BLVD, #1041		STREET ADDRESS	8730 Rothbury Lane	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFMAN, DAVID		NAME	Irving Luckom	
STREET ADDRESS	6959 FOUNTAINS CIRCLE		STREET ADDRESS	6989 Quince Lane	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLACK, LENNY		NAME	Monty Pomm	
STREET ADDRESS	8730 ROTHBURY LANE		STREET ADDRESS	7558 Volley Pl.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, IRIS		NAME		
STREET ADDRESS	4702 FOUNTAINS DRIVE S, #403		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Elaine Goldklang</i>		1/3/07		561-967-3600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		Daytime Phone #	
ELAINE GOLDKLANG - PRESIDENT					