

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90230 009 ****61.25

DOCUMENT # 769564

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2286877**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ITKIN, SAM B	
STREET ADDRESS	2638 GATELY DRIVE E #90	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDKLANG, ELAINE	
STREET ADDRESS	6827 PARISIAN WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467-5728	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WEINSTEIN, ELEANORE	
STREET ADDRESS	7539 SAGUNTO ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KASS, WILMA	
STREET ADDRESS	5231 BROOKVIEW DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MELTZER, LOUIS	
STREET ADDRESS	6989 QUINCE LANE	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey Krautman	
STREET ADDRESS	6779 Fountains Circle	
CITY-ST-ZIP	Lake Worth, Fl. 33467	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Schwefel	
STREET ADDRESS	5369 Oakmont Village Circle	
CITY-ST-ZIP	Lake Worth Fl 33467	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Kanterman	
STREET ADDRESS	6309 Lakemont Circle	
CITY-ST-ZIP	Greenacres, Fl. 33463-2414	
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 empowerments.

SIGNATURE: SIGNATURE *Harvey Krautman* 4/11/03 (561) 967-3600

CR2E037 (10/02)