

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769564

**Entity Name:** TEMPLE BETH TIKVAH OF GREENACRES, INC.

**Current Principal Place of Business:**

4550 JOG RD.  
GREENACRES, FL 33467-4160

**Current Mailing Address:**

4550 JOG RD.  
GREENACRES, FL 33467-4160

**FEI Number: 59-2286877**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SINGER, LEONARD  
1860 FOREST HILL BLVD  
SUITE #201  
WEST PALM BEACH, FL 33406 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name COHEN , JOSEPH  
Address 9535 CHERRY BLOSSOM TERR  
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER  
Name GOLDBERG, ANNA  
Address 10556 WILLOW OAK CT  
City-State-Zip: WELLINGTON FL 33414

Title FINANCIAL SECRETARY  
Name NEWMAN, LARRY  
Address 2638 GATELY DR. E. #70  
City-State-Zip: WEST PALM BEACH FL 33415

Title PRESIDENT  
Name ALPER, BARBARA  
Address KINGSWOOD F 123  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name GRABASCH, MICHELLE  
Address 9202 MARQUIS CT  
City-State-Zip: BOYNTON BEACH FL 33472

Title PRESIDENT  
Name RICHTER, PAUL  
Address 13494 CARRICK GREEN CT  
City-State-Zip: DELRAY BEACH FL 33446

Title VP  
Name FINK , MICHAEL  
Address 10511 LAUREL ESTATES LANE  
City-State-Zip: WELLINGTON FL 33449

Title SECRETARY  
Name SOLOMON, MARLENE  
Address 14619 HORSHOE TRACE  
City-State-Zip: WELLINGTON FL 33411

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL RICHTER**

**CO PRESIDENT**

**02/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           CORRESPONDING SECRETARY  
Name           KAUFTHIEL, CLAIRE  
Address        6708 REMINGTON PL  
City-State-Zip: LAKE WORTH FL 33463