

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50168

Entity Name: TEMPLE SHAAREI SHALOM INC.**Current Principal Place of Business:**9085 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33472**Current Mailing Address:**9085 HAGEN RANCH ROAD
BOYNTON BEACH, FL 33472 US**FEI Number:** 65-0347907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVINE, JAY
8020 MUIRHEAD CIRCLE
BOYNTON BEACH, FL 33472 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:** JAY LEVINE

01/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LEVINE, JAY
Address 8020 MUIRHEAD CIRCLE
City-State-Zip: BOYNTON BEACH FL 33472

Title TRUSTEE
Name CUTHBERTSON, LISA
Address 6851 LANTERN KEY DRIVE
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name HANDWERKER, JOSHUA
Address 5121 PRAIRIE DUNES VILLAGE
 CIRCLE
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name GREENBLATT, ADELE
Address 9441 PALESTRO STREET
City-State-Zip: LAKE WORTH FL 33467

Title EXECUTIVE DIRECTOR
Name FELDMAN, CARYN
Address 1017 NM STREET
City-State-Zip: LAKE WORTH FL 33460

Title VP
Name SUDENFIELD, JOHN
Address 9738 HARBOUR LAKE CIRCLE
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name MILOWE, JOAN
Address 7237 MODENA DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

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: CARYN FELDMAN**EXECUTIVE DIRECTOR**

01/13/2022

Electronic Signature of Signing Officer/Director Detail

Date