

2015 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:** Yes**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

01/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JACQUISH, CARYN MRS.
Address	9085 HAGEN RANCH ROAD
City-State-Zip:	BOYNTON BEACH FL 33472

Title	VP
Name	BERGMAN, ROCHELLE MRS.
Address	9085 HAGEN RANCH ROAD
City-State-Zip:	BOYNTON BEACH FL 33472

Title	VP
Name	ARENA, MARCIA MRS.
Address	3975 LAUREL WOOD LANE
City-State-Zip:	DELRAY BEACH FL 33445

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

Title	TREASURER/SECRETARY
Name	SCHOENWETTER, AMY MRS.
Address	7384 CHESAPEAKE CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	VP MEMBERSHIP
Name	HULKOWER, ELLEN MRS
Address	6327 LONG KEY LANE
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 JACQUISH

PRESIDENT

01/02/2015

Electronic Signature of Signing Officer/Director Detail

Date