

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705102

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** TEMPLE EMANU-EL OF PALM BEACH, INCORPORATED

**Current Principal Place of Business:**

190 NORTH COUNTY ROAD  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

190 NORTH COUNTY ROAD  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 59-1027143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, ERNESTINE  
190 N COUNTY ROAD  
PALM BEACH, FL 33480 US

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

RONALD, SCHRAM  
190 N COUNTY ROAD  
PALM BEACH, FL 33480 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: RONALD Y SCHRAM

04/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: KRUMHOLZ, STEVEN DR.  
Address: 136 DUNBAR RD.  
City-St-Zip: PALM BEACH, FL 33480

Title: P ( ) Delete  
Name: SCHRAM, RONALD Y MR.  
Address: 1420 N. OCEAN BLVD  
City-St-Zip: PALM BEACH, FL 33480

Title: VP ( ) Delete  
Name: MYERS, HERBERT MR.  
Address: 1820 S. OCEAN BLVD  
City-St-Zip: MANALAPAN, FL 334626208

Title: FS ( ) Delete  
Name: STONE, RICHARD MR.  
Address: 123 AUSTRALIAN AVE.  
City-St-Zip: PALM BEACH, FL 33480

Title: RS ( ) Delete  
Name: CALLAHAN, DVORA MRS.  
Address: 3177 SANTA MARGARITA RD.  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T ( ) Delete  
Name: BIX, HAROLD MR.  
Address: 4421 KENSINGTON PKWY  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD Y SCHRAM

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date