2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705102

FILED Apr 06, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 190 NORTH COUNTY ROAD PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 190 NORTH COUNTY ROAD PALM BEACH, FL 33480 FEI Number: 59-1027143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KRUMHOLZ, STEVEN DR. Name: Name: 136 DUNBAR RD. Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: Title: () Delete () Change () Addition SCHRAM, RONALD Y MR. Name: Name: Address: 1420 N. OCEAN BLVD Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition MYERS, HERBERT MR. Name: Name: Address: 1820 S. OCEAN BLVD Address: City-St-Zip: MANALAPAN, FL 334626208 City-St-Zip: Title: FS () Delete Title: (X) Change () Addition Name: STONE, RICHARD MR. Name: LAMPERT, ANTHONY MR. 788 HARBOR ISLES COURT Address: 123 AUSTRALIAN AVE. Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: NORTH PALM BEACH, FL 33410 Title: () Delete Title: (X) Change () Addition CALLAHAN, DVORA MRS. BURKE, ROBERT DR. Name: Name: 3177 SANTA MARGARITA RD. 844 HARBOR ISLES PLACE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: NORTH PALM BEACH, FL 33410 Title: () Delete Title: (X) Change () Addition BIX. HAROLD MR. BIX. HAROLD MR. Name: Name: Address: 4421 KENSINGTON PKWY Address: 4421 KENSINGTON PKWY LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 City-St-Zip: 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 P 04/06/2009