

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713242 (6)

1. Corporation Name

TEMPLE BETH EL OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

333 S.W. 4TH AVENUE
BOCA RATON FL 33432

333 S.W. 4TH AVENUE
BOCA RATON FL 33432

3. Date Incorporated or Qualified

08/24/1967

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1412924

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

LEONIE M. KLEIN

82 Street Address (P.O. Box Number is Not Acceptable)

311 SW 32nd TERRACE

83

84 City

DEERFIELD BEACH

FL

85 Zip Code

33442

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0903, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

3-13-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **PD WEINER, ALAN H**

STREET ADDRESS **21648 CYPRESS RD**

CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ DELETE

NAME **TD GERONEMUS, LEONARD A.**

STREET ADDRESS **1520 SW 19TH ST.**

CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VD BERGER, DONALD**

STREET ADDRESS **650 SW ELM TREE LANE**

CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ DELETE

NAME **SD AVERBOOK, DEBORAH**

STREET ADDRESS **2887 BANYAN BLVD. CIRCLE**

CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ DELETE

NAME **VD SNYDER, GERALD DR**

STREET ADDRESS **1571 S.W. 13TH DRIVE**

CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☒ DELETE

NAME **D HALPERN, MARTIN M**

STREET ADDRESS **21540 GUADALAJARA AVE.**

CITY-ST-ZIP **BOCA RATON FL 33433**

1.1 TITLE

PD

1.2 NAME

SHULMAN, BERNARD

1.3 STREET ADDRESS

2390 NW 26th ST.

1.4 CITY-ST-ZIP

BOCA RATON FL 33431

2.1 TITLE

TD

2.2 NAME

TEPPERMAN, FRED

2.3 STREET ADDRESS

17555 LAKE ESTATES DRIVE

2.4 CITY-ST-ZIP

BOCA RATON FL 33496

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD SHULMAN, PRESIDENT

Date

Daytime Phone #

CR2E037 (12/95)