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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713242

1. Corporation Name

TEMPLE BETH EL OF BOCA RATON, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/24/1967

4. FEI Number

59-1412924

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KLEIN, LEONIE M
311 SE 32ND TERRACE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name **Paul Pershes**
82 Street Address (P.O. Box Number is Not Acceptable)
20046 Ocean Key Drive
83
84 City **Boca Raton** **FL** 85 Zip Code **33498**

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 617.0503, Florida Statutes.

SIGNATURE

Paul Pershes **PAUL PERSHES, EXEC. V.P.** **5-1-99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **SHULMAN, BERNARD**
STREET ADDRESS **2390 NW 26TH ST.**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **TD**
NAME **BARBAROSH, MILTON**
STREET ADDRESS **18101 DAYBREAK DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VD**
NAME **STRAUS, SONJA**
STREET ADDRESS **4501 N OCEAN BLVD, TH-1**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SD**
NAME **BECK, PATTY**
STREET ADDRESS **5269 PRINCETON WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VD**
NAME **EICHLER, JAY**
STREET ADDRESS **1060 SW 2ND STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VD**
NAME **PERSHES, PAUL**
STREET ADDRESS **20046 OCEAN KEY DR**
CITY-ST-ZIP **BOCA RATON FL 33498**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Straus, Sonja**
1.3 STREET ADDRESS **3055 Harbor Drive #702**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Applebaum, Marc**
2.3 STREET ADDRESS **3229 Harrington Drive**
2.4 CITY-ST-ZIP **Boca Raton, FL 33496**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **Brett, Sam**
3.3 STREET ADDRESS **22219 Larkspur Trail**
3.4 CITY-ST-ZIP **Boca Raton, FL 33433**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME **Beale, David**
5.3 STREET ADDRESS **11894 Island Lakes Lane**
5.4 CITY-ST-ZIP **Boca Raton, FL 33498**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Paul Pershes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/99

Daytime Phone #

CR2E037 (11/98)

0049378