

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713242

FILED
Feb 19, 2007
Secretary of State

Entity Name: TEMPLE BETH EL OF BOCA RATON, INC.

Current Principal Place of Business:

333 SW 4TH AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

333 SW 4TH AVENUE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-1412924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CATALFUMO, JAN MS.
9689 VINEYARD COURT
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PLATT, MARK
Address: 18182 BLUE LAKE WAY
City-St-Zip: BOCA RATON, FL 33498 US

Title: VP () Delete
Name: BRAND, ROBERT MR.
Address: 9464 LAKE SERENA DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: S () Delete
Name: SIEGAL, DONNA MRS.
Address: 3011 NE 7TH DRIVE
City-St-Zip: BOCA RAON, FL 33431 US

Title: VP () Delete
Name: MANIS, MICHAEL MR.
Address: 22049 PALM GRASS DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BECK, PATTY MRS.
Address: 5269 PRINCETON WAY
City-St-Zip: BOCA RAON, FL 33496 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK PLATT

P

02/19/2007

Electronic Signature of Signing Officer or Director

Date