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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 731799

1. Corporation Name

TEMPLE BETH ISRAEL AT CENTURY VILLAGE EAST, INC.

Principal Place of Business

200 CENTURY BLVD.  
DEERFIELD BCH FL 33442  
US

Mailing Address

200 CENTURY BLVD  
DEERFIELD BEACH FL 33442  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/05/1975

4. FEI Number

23-7449719

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

KNOPFMACHER, ARTHUR  
8784 NW 19TH ST  
CORAL SPRGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME QUITMAN, PAUL  
STREET ADDRESS 125 MARKHAM F  
CITY-ST-ZIP DEERFIELD BCH, FL 00000 ☒ DELETE

TITLE VP  
NAME WEINER, IRWIN  
STREET ADDRESS 262 DURHAM G  
CITY-ST-ZIP DEERFIELD BCH FL ☐ DELETE

TITLE #2VP  
NAME FREIMAN, ALBERT  
STREET ADDRESS 3020 CAMBRIDGE A  
CITY-ST-ZIP DEERFIELD BCH, FL 00000 ☒ DELETE

TITLE #3VP  
NAME KALISH, HENRIETTA  
STREET ADDRESS 127 GRANTHAM B  
CITY-ST-ZIP DEERFIELD BCH, FL 00000 ☐ DELETE

TITLE DT  
NAME FELDMAN, PHILIP  
STREET ADDRESS 417 DURHAM N  
CITY-ST-ZIP DEERFIELD BCH, FL 00000 ☐ DELETE

TITLE DS  
NAME WOSK, GOLDIE  
STREET ADDRESS 679 DURHAM  
CITY-ST-ZIP DEERFIELD BCH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME FIELDS, CHARLES  
1.3 STREET ADDRESS 8760 AZALEA CT # 103  
1.4 CITY-ST-ZIP TAMPA, FL 33321

2.1 TITLE #2VP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE #3VP ☒ Change ☐ Addition  
3.2 NAME MARTIN COHEN  
3.3 STREET ADDRESS 433 GRANTHAM B  
3.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)