

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:43

DOCUMENT # 732022 (9)

1. Corporation Name  
TEMPLE B'NAI JACOB OF PALM SPRINGS, FLORIDA, INC

Principal Place of Business: 2177 S CONGRESS AVE W PALM BCH FL 33406  
Mailing Address: 2177 S CONGRESS AVE W PALM BCH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1975	3a. Date of Last Report 04/20/1994
4. FEI Number 23-7424054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent  
HOFFMAN, DAVID  
130 HAMMOCKS CT  
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PEP
NAME	FRANT, JACOB
STREET ADDRESS	725 LORI DR. #405
CITY- ST- ZIP	PALM SPRINGS, FL 00000
TITLE	VPD
NAME	HYMAN, GABAI
STREET ADDRESS	PO BOX 538 N/A
CITY- ST- ZIP	W PALM SPRINGS FL
TITLE	PD
NAME	GERSHON, BERNARD
STREET ADDRESS	7047 PINE MANOR DR
CITY- ST- ZIP	LAKE WORTH FL
TITLE	TD
NAME	ARONOWITZ, STANLEY
STREET ADDRESS	3755 POINCIANA DR
CITY- ST- ZIP	LAKE WORTH FL
TITLE	SD
NAME	LITWAK, ESTHER
STREET ADDRESS	5780 FERNLEY DR W #101
CITY- ST- ZIP	W PALM BCH FL
TITLE	VPD
NAME	ELKIN, GLADYS
STREET ADDRESS	710 LARI DR #104
CITY- ST- ZIP	PALM SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: *Bernard Gershon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95 (407) 433-5957  
DATE DAYTIME PHONE