

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 732022 (9)
1. Corporation Name
TEMPLE B'NAI JACOB OF PALM SPRINGS, FLORIDA, INC



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

3. Date Incorporated or Qualified: 02/28/1975
3a. Date of Last Report: 02/01/1995
4. FEI Number: 23-7424054
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HOFFMAN DAVID
130 HANCOCKS CT
WEST PALM BEACH FL 33413**
DELETE DECEASED

10. Name and Address of New Registered Agent
81 Name: **JULIUS LEVINE**
82 Street Address (P.O. Box Number is Not Acceptable): **3100 SPRINGDALE BLVD #E104**
83
84 City: **PALM SPRINGS** FL 85 Zip Code: **33461**

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]* DATE: **7/3/96**
Signature, type or printed name of registered agent applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FRANT, JACOB	
STREET ADDRESS	725 LORI DR. #405	
CITY-ST-ZIP	PALM SPRINGS, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HYMAN, GABAI	
STREET ADDRESS	PO BOX 536 N/A	
CITY-ST-ZIP	W PALM SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GERSHON, BERNARD	
STREET ADDRESS	7047 PINE MANOR DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARONOWITZ, STANLEY	
STREET ADDRESS	3755 POINCIANA DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LITWAK, ESTHER	
STREET ADDRESS	5780 FERNLEY DR W #101	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ELKIN, GLADYS	
STREET ADDRESS	719 LARI DR #104	
CITY-ST-ZIP	PALM SPRINGS FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bernard Gershon	
1.3 STREET ADDRESS	7047 Pine Manor Drive	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
2.1 TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Julius Levine	
2.3 STREET ADDRESS	3100 Springdale Blvd. (T)	
2.4 CITY-ST-ZIP	Palm Springs, FL 33461	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin Goldberg	
3.3 STREET ADDRESS	6213 Pond Tree Circle	
3.4 CITY-ST-ZIP	Greenacres, FL 33463	
4.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stanley Aronowitz (T)	
4.3 STREET ADDRESS	3755 Via Poinciana	
4.4 CITY-ST-ZIP	Lake Worth, FL 33467	
5.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Esther Levine (T)	
5.3 STREET ADDRESS	3100 Springdale Blvd.	
5.4 CITY-ST-ZIP	Palm Springs, FL 33461	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300001912393	
6.3 STREET ADDRESS	-08/05/96--01032--008	
6.4 CITY-ST-ZIP	***61.25	

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]* DATE: **7/3/96**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)