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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 2177 S CONGRESS AVE
W PALM BCH FL 33406 W PALM BCH FL 33406-7612

3. Date Incorporated or Qualified 02/28/1975
3a. Date of Last Report 08/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-7424054	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
24	25	29	30
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, JULIUS
3100 SPRINGDALE BLVD.
#E104
PALM SPRINGS FL 33461

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	PRESIDENT + DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, JULIUS	1.2 NAME	BERNARD GERSHON
STREET ADDRESS	3100 SPRINGDALE BLVD.	1.3 STREET ADDRESS	7047 PINE MANOR DRIVE
CITY-ST-ZIP	PALM SPRINGS FL 33461	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467
TITLE	DELETE	2.1 TITLE	TREASURER + DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONOWITZ, STANLEY	2.2 NAME	MARTIN GOLDBERG
STREET ADDRESS	3755 VIA POINCIANA	2.3 STREET ADDRESS	6213 POND TREE CIRCLE
CITY-ST-ZIP	LAKE WORTH FL 33467	2.4 CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	SECRETARY + DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ESTHER	3.2 NAME	
STREET ADDRESS	3100 SPRINGDALE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* **REQUIRED** 2/28/97

CR2E037 (9/96)