2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 732022 1. Entity Name TEMPLE B'NAI JACOB OF PALM SPRINGS, FLORIDA,					Feb 09, 2004 08:00 AM Secretary of State				
TEMPLE E INC.	B'NAI JACOB OF PALM SPR	INGS, FLORIDA,							
Principal Place	e of Business	Mailing Address							
2177 S CON W PALM BC	GRESS AVE H FL 33406	2177 S CONGRESS AVE W PALM BCH FL 33406							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E037 (11/03)				
City & State		City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Žip	Country		5. Certificate of St	atus Desired	S8.75 Add	ditional ed	
	6. Name and Address of Current F	legistered Agent			7. Name and Add	ress of New Re	gistered Agent		
			Name						
KAPLOWITZ, MILDRED 5780 FERNLEY DR. WEST			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
#92 WEST PALM BEACH FL 33415							,		
			City		FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or re	registere	ed agent, or both, in	the State of Flori	ida. 1 am familiar with,	, and accept	
SIGNATURE -	Signature, typed or printed name of registered agent a	nd 82a d nonhaohla Philite	D			<u></u>			
Į.		no me a apparatione fractic	Registered Agent signature	e rednited	when reinstating)		DATE		
1	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		e Check Payable a Department of		
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Florida	e Check Payable	State	
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Florida ES TO OFFICER	e Check Payable a Department of	State	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM SHEET SHEET OF DENING OF SIGNING OFFICER OF DIRECTOR

U1. 2.6.04 561-433 598

FILED