


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

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732022</b>		
1. Entity Name <b>TEMPLE B'NAI JACOB OF PALM SPRINGS, FLORIDA, INC.</b>		
Principal Place of Business <b>2177 S CONGRESS AVE W PALM BCH FL 33406</b>	Mailing Address <b>2177 S CONGRESS AVE W PALM BCH FL 33406</b>	
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>KAPLOWITZ, MILDRED 5780 FERNLEY DR. WEST #92 WEST PALM BEACH FL 33415</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES KAPLOWITZ, MILDRED	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5780 FERNLEY DRIVE WEST #92		NAME	00000042356	
STREET ADDRESS	WEST PALM BEACH FL 33415		STREET ADDRESS	02/10/04-80021-001 61.25	
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	T MASSLER, IRENE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4725 LUCERNE LAKES BLVD. B-303		NAME		
STREET ADDRESS	LAKE WORTH FL 33467		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	S TUCKER, LOIS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2615 N GARDON DR #109		NAME		
STREET ADDRESS	LAKE WORTH FL 33461		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D SEYMOUR, KADER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7593 TAHITI LANE #203		NAME		
STREET ADDRESS	LAKE WORTH FL		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	PD WOLPOW, SAMUEL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5800 FERNLEY DRIVE WEST #92		NAME		
STREET ADDRESS	WEST PALM BEACH FL 33415		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D SCHERZER, KENNETH	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3546 ENGELWOOD DR #115		NAME		
STREET ADDRESS	LAKE WORTH FL 33467		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Mildred Kaplowitz, Pres.* 2-6-04 561-433-5957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #