


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

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

DOCUMENT # 732022		
1. Entity 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
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country



MOORE CR2E037 (11/03)

4. FEI Number 23-7424054		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
KAPLOWITZ, MILDRED 5780 FERNLEY DR. WEST #92 WEST PALM BEACH FL 33415		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES KAPLOWITZ, MILDRED 5780 FERNLEY DRIVE WEST #92 WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T MASSLER, IRENE 4725 LUCERNE LAKES BLVD. B-303 LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S TUCKER, LOIS 2615 N GARDON DR #109 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SEYMOUR, KADER 7593 TAHITI LANE #203 LAKE WORTH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD WOLPOW, SAMUEL 5800 FERNLEY DRIVE WEST #92 WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SCHERZER, KENNETH 3546 ENGELWOOD DR #115 LAKE WORTH FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

00000042356
02/10/04-80021-001 61.25

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 #