FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

POCUMENT # 733122 (6)					
TEMPLE JUDEA OF CARRIAGE HILLS, INC.					
		•			
Principal Place of Business Mailing Address					
6734 1/2 STERLING RD 6734 1/2 STERLING RD					3. Date Incorporated or Qualified
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					06/20/1975
J					4. FEI Number Applied For
					59-1699577 Not Applicable
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired \$8.75 Additional
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					Fee Required
22 27		⊢	1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	City & State City & State			7- Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes 🛭 No
Zip	Country	Zip	- -	ıntry	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren	29	30		Personal Property Tax due June 30. Yes No MA 10. Name and Address of New Registered Agent
	3. Hattle and Address of Outrest	t registered Agent	·	81 Name	10. Maile and Addiess of New Hegistered Agent
OLATOTEIN BIATIANI					
GLATSTEIN, NATHAIN 647 BRIARWOOD CIRCLE				82 Street Addre	ress (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL			83		
				84 City	85 Zip Code
			_	'	FL 1
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.					
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, F	lorida Sta	tutes.	ising board of directors, find appointment as registered
SIGNATURE .	Signature, typed or printed name of registered age			d Agent signature require	red when reinstating) DATE
12.		D DIRECTORS	13.	d Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T	TLE	Change Addition
NAME	GLATSTEIN, NATHAN		1.21	AME	
STREET ADDRESS	647 BRIARWOOD CIRCLE		1.3 S	Treet address	
CITY-ST-ZIP	HOLLYWOOD FL			ITY-ST-ZIP	
TISLE	V	☐ DELETE	2.11		Change Addition
NAME	SNETSKY, BERNARD		2.2 N		
STREET ADDRESS	104 BRIARWOOD CIRCLE HOLLYWOOD FL		•	TREET ADDRESS	, s
CITY-ST-ZIP	TD	DELETE	2.41 3.1 T	CITY-ST-ZIP	☐ Change ☐ Addition
NAME	GOLDSTEIN, LEILA		3.2 N	ļ	
STREET ADDRESS	458 BRIARWOOD CIRCLE			TREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL			CITY - ST - ZIP	·
TITLE	SD	☐ DELETE	4.1 T	TLE	Change Addition
NAME	GOLDBERG, IRVING		4.21	IAME	
STREET ADDRESS	2802 N 46TH AVE		4.3 S	TREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL			ITY-ST-ZIP	
TITLE		DELETE	5.1 T		Change Addition
NAME			5.2 N	1	
STREET ADORESS				TREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 C	ITY-ST-ZIP	Change Addition
NAME			6.2 N	1	
STREET ADDRESS				TREET ADDRESS	

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

FILED

Feb 02 1998 8:00am

Secretary of State