NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733122

1. Corporation Name

TEMPLE JUDEA OF CARRIAGE HILLS, INC.

Principal Place of Business

Mailing Address

6734 1/2 STERLING RD

6734 1/2 STERLING RD

FILED Feb 22, 1999 8:00 am § Secretary of State

02-22-1999 90102 012 ****61.25

HOLLYWOOD	FL 33024	HOLLYWOOD FL 33024				
2. Principal F	Place of Business	2a. Mailing Address		_	3. Date Incorporated or Qualifed 06/20/1975	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			4. FEI Number Applied For 59-1699577 Not Applicable	
City & Sta	te	City & State			5. Certificate of Status Desired Section Secti	
Zip	Country 25	Zip 29 30	Country		6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
CI ATOTE	IAI AIATLIAN		81	Name		
GLATSTEIN, NATHAN 647 BRIARWOOD CIRCLE			82	Street	Address (P.O. Box Number is Not Acceptable)	
HOLLYWO	OOD FL		84	City	DE 7 7in Code	
				,	FL	
office or i agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was autho	onzed by	the corpo	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Rec	gistered Agen	t signature r	required when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	GLATSTEIN, NATHAN		1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S1	r-zip		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	SNETSKY, BERNARD		2.2 NAME		·	
STREET ADDRESS	104 BRIARWOOD CIRCLE		2.3 STREET	ADORESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CfTY-S	T-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	GOLDSTEIN, LEILA		3.2 NAME	,		
STREET ADDRESS	458 BRIARWOOD CIRCLE		3.3 STREET	ADORESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY-S	T-ZIP		
TiTLE	SD	DELETE	4.1 TITLE		SD Addition COHEN MORRIS 103 FEX ROAD	
NAME	GOLDBERG, IRVING		4.2 NAME	:	LOS FAX ROAD	
STREET ADDRESS			4.3 STREET		1	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-S1	r-zip		
TITLE	(☐ DELETE	5.1 TITLE 5.2 NAME	į	Change Addition	
NAME				ADDECO	$\int_{\mathbb{R}^{n}}$	
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-\$1 6.1 TITLE	-ZIP	☐ Change ☐ Addition	
TITLE		T DETEIF	6.2 NAME	İ		
NAME	ţ			. ADDDECO		
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY-\$1	1-ZIP		

14. 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 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 have appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.